

# A Guide to Making Links

A coordinated project between AOD, Homelessness and Mental Health Community Support Services in Melbourne's North and West

Version 3: January 2018





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## Introduction

This document is intended to be a resource for workers in the AOD, mental health and homelessness sectors in Melbourne's north and west. It has been designed to help with:

- Cross sector referrals
- Providing accurate information to assist you when you're helping your clients to make decisions about services.

In all systems the need for responses exceeds supply, and service system capacity is under pressure. The format of this document identifies 'areas of difficulty' in our respective sectors and outlines 'tips and tricks' for practitioners when trying to overcome these. We have tried to be honest about these (wait times, durations of support, parameters for assistance) to help workers to manage consumer expectations and needs.

Unless otherwise specifically stated all programs are:

- ✓ Voluntary
- ✓ Free
- ✓ Able to provide interpreters

## Background

During 2015 the Northern and Western Alcohol and Other Drugs (AOD) and Mental Health Catchment Based Planners and Homelessness Networkers established a joint project to improve coordination across the three sectors in Melbourne's north and west.

We surveyed practitioners in each sector, conducted consultation forums and have set out to design responses to the priorities that were raised by these sectors. **Access to clear information about each sector was identified as an area of specific need for work across sectors.**

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# How you can use this document

This manual is broken up by service system within each sector.

Each service system is divided into four parts: Eligibility, Access, Service pathway, Service types.

## ELIGIBILITY

How do you know this service system is right for your client?

## ACCESS

How do you get your client in to this service system?

## SERVICE PATHWAY

What will happen / What is the journey you and your client can expect?

## SERVICE TYPES

What are some of the options that might be available for your client?

Within each of these parts, we have addressed a couple of subcategories based on the cross-sector consultation that has been carried out:

### Things that can be difficult:

These are aspects of the service that have been identified as challenging when trying to ensure that client needs are responded to appropriately.

### Tips and tricks:

These are actions you or your client can take to help streamline the process and ensure that their needs are met as best as possible.

The background of the page is an abstract design consisting of several overlapping, wavy, horizontal bands of different shades of green. The colors range from a very dark forest green to a bright, almost lime green. The bands are layered in a way that creates a sense of depth and movement, resembling rolling hills or a stylized landscape. The overall effect is clean, modern, and naturalistic.

# **Section 1:**

**North & West Melbourne Alcohol And  
Other Drugs (AOD) Service System**



# Section 1: North & West Melbourne Alcohol And Other Drugs (AOD) Service System



Since the reform of the AOD Sector in 2014, Odyssey House Victoria and UnitingCare ReGen have been working in partnership with a range of local community health and welfare organisations to deliver treatment services across North and West metropolitan Melbourne.

Each Victorian area has its own telephone number. The number for the north and west metropolitan region is 1800 700 514 (freecall).

Further information regarding treatment services in other areas can be found by contacting Directline on 1800 888 236 (24 hour service).

## Secondary consultation

If you require a clinical consultation, contact the Drug and Clinical Advisory Service on 1800 812 804, a 24 hour, 7 days a week specialist telephone consultancy service available for health professionals in Victoria.

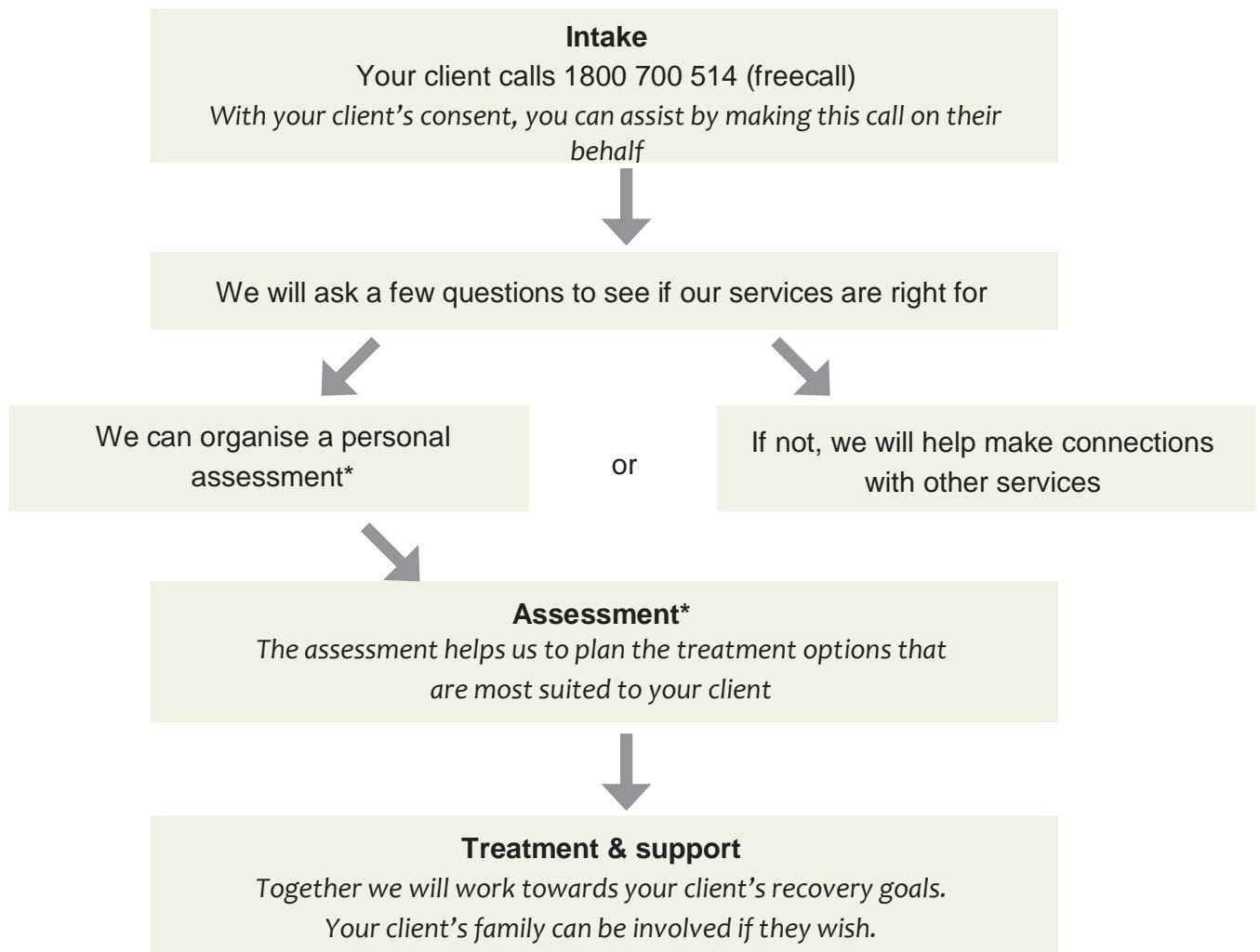
## Specialist services

If your client is pregnant, the Women's Alcohol and Drug Service is the only statewide drug and alcohol service providing clinical services and professional support for pregnant women with complex substance use and alcohol dependency; ph 03) 8345 3931.

If your client is ordered by the Court to attend treatment they will be referred to services via the ACSO COATS program: <http://coats.acso.org.au/>

The N&W Metro AOD Service has no exclusion for people facing legal processes.

## What to expect from AOD services



\* Clients aged 16-20 can choose to be seen by either a youth or an adult service.

With client consent, we will share client information with those who are involved in providing care. Client information is kept on one electronic shared record.



# 1.1 AOD Youth Services

## ELIGIBILITY

### How do you know this service system is right for your client?

The client is aged up to 25yo and has a substance dependency issue or is an incidental user at risk of developing increasing or risky use. YoDAA (Youth Drugs & Alcohol Advice) can advise you of your client's eligibility for service: 1800 458 685, [www.yodaa.org.au](http://www.yodaa.org.au).

Services may also assist loved ones impacted by the dependency issues.

## ACCESS

### How do you get your client in to this service system?

Call YoDAA on 1800 458 685 or go to their website and use their Service Seeker function. You will then be referred to the appropriate local agency. Young people 16 and over are eligible to attend services designed for adults (See AOD Adult services, Section 1.2).

The Youth AOD sector does not have a central intake system. There can be multiple providers in a region. Each agency has its own intake process.

#### Things that can be difficult:

If the client has difficulties using the phone then they can drop in to one of the service sites and do a face-to-face screen. If access is an issue it is possible to arrange for an off-site screen and assessment.

#### Tips and tricks:

If your client is from an Aboriginal background they can be referred to a specific Aboriginal service or worker in the region. We will then engage with the client in collaboration with the indigenous service.



## SERVICE PATHWAY

### What will happen / What is the journey you and your client can expect?

The client will develop an individual treatment plan that will include a comprehensive assessment. The plan will include AOD and non-AOD treatments that are important for their recovery and/or harm reduction.

#### Things that can be difficult:

Waiting times for residential withdrawal or rehabilitation can be unpredictable. For clients requiring residential rehabilitation, their residential withdrawal will commence immediately prior to their rehabilitation admission. This means that they need support to keep them engaged and well during their wait.

#### Tips and tricks:

Youth services try to be as supportive as possible of their young people, shaping treatment to ensure engagement as much as their Service's funding model permits. They are accustomed to engaging with workers from different sectors and will be keen on ensuring that they work in conjunction with you.

## SERVICE TYPES

### What are some of the options that might be available for your client?

Common service types are: counselling; outreach; case management; residential withdrawal and rehabilitation; needle exchange; medical clinics; co-location with mental health services; day programs; e-support; self-directed help

Not all treatment types are offered by each service. Liaise with the relevant service in your region about the various treatment types available, and whether the preferred treatment may require transport to another region.

## 1.2 AOD Adult Services

### ELIGIBILITY

#### How do you know this service system is right for your client?

The client has a substance dependency issue (as distinct from incidental use). The service also assists loved ones impacted by the dependency issues.

#### Things that can be difficult:

The client needs to be screened to assess eligibility for state-funded AOD services. If they do not meet the threshold for dependence, and thus treatment, they will be referred to other appropriate services/treatment.

#### Tips and tricks:

If clients are anxious about calling intake you can support them by making the call with them. Explain to them that subsequent to screening they will be referred to an AOD service provider for their comprehensive assessment.

### ACCESS

#### How do you get your client in to this service system?

To access all state funded services, call Central Intake on 1800 700 514.

Your client can do this themselves, or you can help to make the call on their behalf.

#### Tips and tricks:

If the client has difficulties using the phone, then they can drop in to one of the N&W Metro AOD Service sites or at any other AOD State funded service site and do a face-to-face screen. Eligible clients will then be referred to an agency to undergo a comprehensive assessment.

#### If your client prefers to drop in to a site for screening, these are regional sites for the N&W Metro AOD Service:

- 77 Droop Street, Footscray
- 2 Market Road and 40 Synnot Street, Werribee
- 26 Jessie St Coburg (self-completed screeners at any time, assessments dependent on staff availability)
- STAR North Melbourne Ozanam Community Centre, 268 Abbotsford St, North Melbourne (available Mondays, Tuesdays and Wednesday for assessments, screeners can be completed at any time) and by appointment daily at: 175 Glenroy Rd, Glenroy
- North Richmond Community Health (Monday & Tuesday only for screeners & assessments): 23 Lennox St Richmond
- 349 Bell Street, Preston
- 21 Alamein Road, West Heidelberg

## ACCESS

If access is an issue it is possible to arrange for an off-site Screen and Assessment: this should be done via the regional Intake's Clinical Consultant/Coordinator:

- South West Catchment: 0466 364 355
- North West Catchment: 0466 319 415
- Inner North Catchment: (03) 93848870
- North Catchment: 0434 025 249.

Additionally, these Clinical Consultant/Coordinators can provide secondary consultations.

Another avenue for clinical consultations is the Drug and Clinical Advisory Service 1800 812 804, a 24 hour, 7-day specialist telephone consultancy service available to all health professionals in Victoria. The service provides clinical advice to health professionals who have concerns about the clinical management of patients and clients with alcohol and other drug problems.

### **Aboriginal or Torres Strait Islander clients**

If your client is from an Aboriginal background they can either contact our service directly or via one of the local Aboriginal services. We will then engage with the client in collaboration with the indigenous service.

### **Young people**

If your client is aged between 16-25yo they are also eligible for youth AOD services. These do not have a central intake and assessment service. The best starting point is to contact YoDAA (Youth Drugs & Alcohol Advice) on 1800 458 685. They will then advise on the best referral pathway.

### **Pregnant clients**

If your client is pregnant: The Women's Alcohol and Drug Service is the only state-wide drug and alcohol service providing specialist clinical services and professional support to care for pregnant women with complex substance use and alcohol dependence. (03) 8345 3931

### **Forensic clients**

If your client is ordered by the court to attend treatment they will be referred to services via the ACSO COATS program <http://coats.acso.org.au>

The N&W Metro AOD Service does not exclude people facing legal processes.

**After Hours Phone Support:** DirectLine, 1800 888 236, 24 hours 7 days per week

## SERVICE PATHWAY

### What will happen / What is the journey you and your client can expect?

1. Initial Screen: to determine eligibility (10mins)
2. Comprehensive Assessment: to develop an Individual Treatment Plan (90mins)
3. Referral to appropriate AOD and non-AOD treatment services. These services may be quite local; residential services may not be located locally

#### Things that can be difficult:

Waiting times for treatment, particularly residential rehabilitation, can be substantial (anywhere between 1-3 months). For clients requiring residential rehabilitation their residential withdrawal will commence immediately prior to their rehabilitation admission. This means that they need support to keep them engaged and well during their wait.

#### Tips and tricks:

For those clients waiting for a residential rehabilitation treatment you can coordinate with the regional AOD Intake & Assessment Service to ensure that the client can effectively engage with the residential service's pre-admission support groups.

If clients are unhappy with the N&W Metro AOD Service and wish to complain their first point of contact should be with their Service worker. After that they can contact the Catchment Manager:

- North West: 0438 229 452
- South West: 0466 331 146
- North: 0418 630 924
- Inner North: 0401 522 154.

Alternatively, they can go online to the particular agency's website and register a complaint.

## SERVICE TYPES

### What are some of the options that might be available for your client?

1. **Screening for eligibility:** At this point, non-eligible callers will be referred to other services able to address their presenting issues
2. **Comprehensive Assessment:** the development of an individual treatment plan that covers the spectrum of their needs; referral to appropriate treatment and services
3. **Counselling:** for people with dependency issues and/or their loved ones
4. **Care & Recovery:** outreach workers whose main task is to assist clients to effectively engage with treatment
5. **Non-residential withdrawal:** Nurse managed in-home withdrawal service for suitable clients
6. **Non-residential rehabilitation:** an intensive 5 week program, Mon-Fri, 10.00-3.30; group program
7. **Residential withdrawal:** 10-14 day stay
8. **Residential rehabilitation:** stays vary from 6 weeks to more than a year

## SERVICE TYPES

### Things that can be difficult:

- Limited staffing results in limited after-hours service.
- **Day rehabilitation program requires** clients to: have stable accommodation; stable mental health; commitment to not attend whilst substance affected; clients need to commit to attending the whole course.
- **Non-residential withdrawal requires** clients to have stable accommodation and support from family and friends to assist their withdrawal.
- **Residential rehabilitation can be a long wait** until admission. The waiting time can vary depending upon their age, gender and whether they need to be accommodated with their infants/children.

### Tips and tricks:

Coordinate with the AOD treatment provider to ensure that the client's total needs are being met.

Allow for possible pauses in your work with the client if they are engaged in residential services or in intensive day rehabilitation programs.

### REGIONAL INTAKE CLINICAL CONSULTANT COORDINATOR

If you are seeking secondary consultation or accessing the North & West Metro AOD service sites is an issue for your client, it is possible to arrange for an off site Screen and Assess via:

NW Catchment	0466 319 415
SW Catchment	0466 364 355
Inner North Catchment	0427 165 793
North Catchment	0434 025 249

### DROP IN SITES FOR SCREENING

70 Droop Street, Footscray	2 Market Road, Werribee
40 Synnot Street, Werribee	349 Bell Street, Preston
26 Jessie St Coburg (self-completed screeners at any time, assessments dependent on staff availability)	21 Alamein Road, West Heidelberg
STAR North Melbourne Ozanam Community Centre, 268 Abbotsford St, North Melbourne (available Mondays, Tuesdays and Wednesday for assessments - screeners can be completed at any time) and by appointment daily at: 175 Glenroy Rd, Glenroy	North Richmond Community Health (Monday & Tuesday only for screeners & assessments) 23 Lennox St Richmond



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## **Section 2:**

# **North & West Melbourne Homelessness Service System**

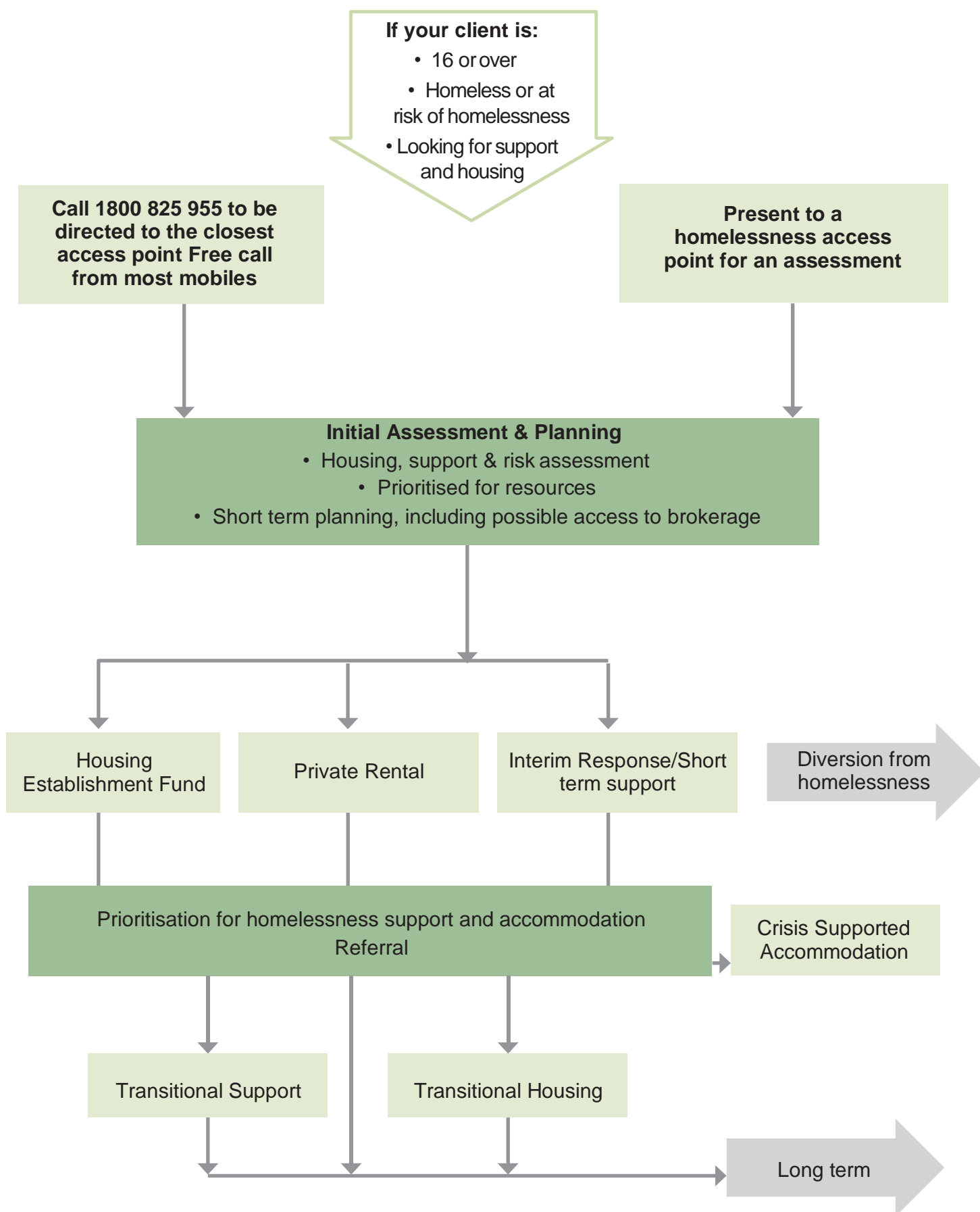
## Section 2: North & West Melbourne Homelessness Service System

### Homelessness Access Point catchments



**NB: See 2.1.1 and 2.1.2 for contact details for homelessness access points.**

For additional information about the homelessness service system in Melbourne's north and west see: <http://www.nwhn.net.au/Home.aspx>



## 2.1 Homelessness Services

### ELIGIBILITY

#### How do you know this service system is right for your client?

Someone over 16 years old who is homeless, or at risk of homelessness who is looking for some support to find housing and address any issues that might hinder housing stability.<sup>1</sup>

Please also note:

1. A range of specialist family violence services and Aboriginal services are funded within the homelessness sector. See 2.1.1 and 2.1.2 for information about access to these services.
2. By law homelessness services cannot support people under 16 years of age, unless they are accompanying an adult who is seeking homelessness assistance.

#### Things that can be difficult:

There may be a delay between initial screening and referral to other services.

#### Tips and tricks:

Provide clients with realistic information to individuals/households about the housing crisis and limited range of options. You can get very good information about housing options from the Office of Housing website: [housing.vic.gov.au](http://housing.vic.gov.au)

### ACCESS

#### How do you get your client in to this service system?

- Referral to most homelessness resources occurs through a Homelessness Access Point.
- Visit a Homelessness Access Point service for an initial assessment of need (see 2.1.1 for access point contact details and for information about family violence specific services).

**Or, if you can't find the local access point, ring 1800 825 955 24 hours a day. During the day the call will be diverted to the homelessness access point closest to you. After 5pm St Kilda Crisis Centre answers the 1800 number and provides a statewide after hours' response.**

- For a full list of homelessness and family violence access points around the state, see: <http://www.dhs.vic.gov.au/for-individuals/crisis-and-emergency/crisis-accommodation/homelessness-and-family-violence-getting-help>
- See 2.2.1 for a list of specialist homelessness services that can be contacted directly, without going through an access point.

## ACCESS

### Things that can be difficult:

- Each access point works differently. Some offer a drop-in service where people wait to be seen by an intake worker on a first-come, first-served basis. Others require you to make an appointment in order to be assessed.
- Clients may not be seen on the day they present to the access point and may need to re-present the following day.

### Tips and tricks:

- The address on the client's health care card **doesn't** determine where the client can get a service – it is their choice.
- It is generally better to present at the access point and the earlier in the day the better. You can attend with your client.
- If the situation is urgent, go directly to the local access point. If the situation is not immediately urgent, you can ring the local access point and ask if it is better to book an appointment or drop in. If presenting is difficult, you can request a telephone assessment, (note, though: there may be a delay as the services prioritise those people who are waiting at the service).
- Young people (up to 25 years) can visit Frontyard Melbourne Youth Support Service (MYSS) at 19 King Street, Melbourne, for homelessness assistance and a broad range of other services (See 2.1.1).
- Only ring the 1800 number if you can't find your local access point. If your client is ringing on a mobile phone we can only ensure a free call if they have Telstra, Vodafone or Optus accounts. Clients can ask for a call back to reduce the cost of the call.

## SERVICE PATHWAY

### What will happen / What is the journey you and your client can expect?

1. An initial assessment and planning (IAP) worker will assess and prioritise people according to their level of housing need, support need and vulnerability.
2. The IA&P worker will provide information on housing options and assist an individual or household to do some short term planning.
3. Access points have some capacity to refer to crisis accommodation services and have limited funds to assist people to pay for temporary accommodation in local hotels and rooming houses.
4. The access point keeps a list of all the individuals/households who need homelessness assistance and will match them to vacancies that arise.
5. As accommodation or support becomes available, clients are best-matched and referred to each vacancy.
6. If the access point has capacity, they will keep in touch with people on the prioritisation list (this telephone catch up is referred to as Interim Response 1).

## SERVICE PATHWAY

### Things that can be difficult:

There are so many people waiting for assistance that the time available for planning may be limited.

### Tips and tricks:

#### 1. Information you can provide:

- Some access points will accept an initial assessment/background information emailed in from a support worker to assist in planning and assessment.
- If you have the capacity to continue to support a client, encourage them to let the access point service know. The IA&P worker will want to know whether you have capacity to support your client if they get access to transitional housing, or whether the client also needs access to a support worker.
- You or your client should provide updates to the access point service if their situation or contact details change.

**2. Accessing resources from other areas:** If your client wants to be on the prioritisation list for resources in a different area and has had an initial assessment at another access point, you can ask that the first access point email the Initial Assessment & Plan (IAP) document to the second access point so that your client doesn't have to present there for an appointment. Once the IAP has been transferred the client will be included on the new prioritisation list.

**3. Limited resources:** Advise clients that homelessness services have very limited resources and that even those assessed as being the highest priority still have to wait for resources to become available (sometimes for months).

**4. Concerns about sharing information:** Information is only transferred with consent and people can identify any services that they don't want their information transferred to. The access point will make contact with the client before sending client information to a service with a vacancy. The Access Point services rarely have capacity to provide updates to allied services about the outcomes of an IAP interview but the client can ask for a copy of their IAP assessment.



## SERVICE TYPES

**What are some of the options that might be available for your client?**

**1. Short term assistance (Interim Response Level 2 - IR 2):** this is a form of very short term support to either help divert clients away from the homelessness service system where appropriate or contain acute crises until more appropriate resources become available. Support is provided through 1-6 contacts and is focussed on assisting the client with a specific task.

### Things that can be difficult:

IR 2 was developed because there are so many people waiting for homelessness assistance. It can be difficult for clients to understand why this response is so limited, rather than being holistic.

It is a 'stop gap' response for clients who are waiting for more holistic case management support.

### Tips and tricks:

Encourage clients to identify if there are some particular things that they would like assistance with in the short term.

**2. Crisis supported accommodation:** Short term supported accommodation (average of six weeks) for people in immediate crisis who require intensive support. Examples include youth refuges, women's refuges and the major night shelters.

### Things that can be difficult:

Clients do not get a chance to see the accommodation before they are referred. Beds in crisis supported accommodation services are very limited.

### Tips and tricks:

The access point workers can provide some information about the service and it is a good idea to have a telephone conversation with someone from the service before going there – to get a sense of the service.

**3. Housing Establishment Funds:** Financial assistance to support people to either access or maintain private rental, and also to provide short term (usually overnight) accommodation for people in crisis who are homeless or at risk of homelessness.

## SERVICE TYPES

### Things that can be difficult:

- HEF may not cover the entire cost, so clients may be required to make a contribution
- Sometimes there is no HEF available. Services will try to access other sources of funding to assist.
- Some services have limits on how much HEF they can provide to an individual in each year.
- The standard of hotels and rooming houses that homelessness services can 'purchase' are often not safe or adequate. Services are limited in the number of nights' accommodation they can purchase.

### Tips and tricks:

Access point services often enter into co-payment arrangements with families so that they have capacity to purchase more nights' accommodation.

**4. Private rental brokerage/Private Rental Access Program:** Funds to assist households to establish or re-establish in the private rental market. Funds are generally available through the access point and family violence entry point services.

**5. Family Violence Flexible Funding:** Flexible support packages are available to any women who are planning to leave a family violence situation and who are supported by a case worker, or whose case plan involves managing having left a family violence situation.

Packages of up to \$12,000 are available for: removals, re-establishment, counselling, and assistance to enter study or the workforce, safety alterations to a house. Contact Women's Health West (West), Kildonan Uniting Care (Hume/Moreland) or Anglicare Victoria (North East) for more information.

**6. Transitional support:** Case management support to assist people to find appropriate housing and address any issues that have contributed to their experience of homelessness. Services are generally provided on an outreach basis for an average of three months.

### Things that can be difficult:

Limited capacity: workers are generally supporting 12 individuals or 7 families at any one time.

## SERVICE TYPES

**6. Transitional housing:** Medium-term accommodation (4 – 18 months) in which residents enter into an occupancy agreement subject to the provisions of the Residential Tenancies Act (RTA).

### Things that can be difficult:

Fewer than 1 in 6 of those seeking transitional housing will be able to access it. Anyone who is accommodated in transitional housing must have a support worker assisting them to explore their long term housing options.

### Tips and tricks:

If you have capacity, you can support a client in transitional housing. If you don't have capacity to provide ongoing support, advise the access point service that your client is seeking support from a homelessness service.

The Transitional Housing Management (THM) service can provide you with a copy of the *Housing & Support Partnership Agreement* that outlines the roles and responsibilities of tenants, support workers and housing workers.

**7. Long term housing options:** Social housing (public and community housing) is managed by both the Department of Health and Human Services and community housing providers.

### Tips and tricks:

- The Victorian Housing Register (VHR) provides one list for anyone waiting for access to public or community housing. As a support provider you can assist clients to apply for long term social housing through the VHR.
- Clients need to apply for public housing through 'My Gov': <https://my.gov.au/mygov/content/html/about.html>
- Agencies can assist clients to submit applications for public and community housing if they have registered with DHHS to receive an EPRIN number through the DHHS ebusiness website: <https://hns.dhs.vic.gov.au/>
- For information about the Victorian Housing Register online application for organisations, see: <http://www.dhs.vic.gov.au/funded-agency-channel/about-service-agreements/program-requirements,-guidelines-and-policies2/victorian-housing-register/victorian-housing-register-online-application-for-organisations>
- For updates on the development of the register and information about how to apply to social housing, see: <http://www.housing.vic.gov.au>

## 2.1.1 Additional Information About North & West Melbourne's Homelessness System's Access Points

	SERVICES	PHONE NUMBER	ADDRESS
<b>North and West Metropolitan Melbourne Homelessness Access Points</b>			
North	Haven Home Safe	9479 0700	52-56 Mary Street, Preston
	Launch Housing	9288 9611 / 1800 048 325	68 Oxford Street, Collingwood
	<i>Launch Housing outpost</i>	<i>2 days per week</i>	<i>Victorian Aboriginal Health Service (VAHS), Preston</i>
	VincentCare Victoria, Northern Community Hub	9304 0100	175 Glenroy Road, Glenroy
West	Unison	9689 2777	112-122 Victoria Street, Footscray
	<i>Unison outpost: Werribee</i>	<i>9216 0300</i>	<i>Level 1, 1-3 Watton St, Werribee</i>
	SASHS Western	9312 5424	6/147 Harvester Road, Sunshine
	<i>SASHS outpost: Melton</i>	<i>9747 7200</i>	<i>232 High Street, Melton</i>

<b>North &amp; West Metropolitan Melbourne Family Violence Entry Points</b>		
North	<p><b>Berry Street Family Violence Services</b> Provides a range of support services to women and their children who have experienced family violence in the northern metropolitan region of Melbourne. Berry St will assist women and their children to remain safely within their community wherever possible and maintain a life free of violence, while also addressing their emotional and practical needs and issues arising from the violence.</p>	<p>9450 4700 Email: <a href="mailto:dvointake@berrystreet.org.au">dvointake@berrystreet.org.au</a> Website: <a href="http://www.berrystreet.org.au/family-violence/northern">www.berrystreet.org.au/family-violence/northern</a></p>
West	<p><b>Women's Health West</b> Women's Health West assists women and children affected by family violence in the western metropolitan region of Melbourne.  Outreach support workers provide free face-to-face or telephone support by giving you information and assistance that may help you decide for yourself what to do.  Link to 'My Safety Plan' booklet: <a href="http://whwest.org.au/wp-content/uploads/2012/05/SafetyPlan2.pdf">whwest.org.au/wp-content/uploads/2012/05/SafetyPlan2.pdf</a></p>	<p>9689 9588 Website: <a href="http://whwest.org.au">whwest.org.au</a></p>

## STATEWIDE HOMELESSNESS ACCESS POINTS

<p><b>Safe Steps Family Violence Response Centre</b></p> <p>24 hour family violence response line for women &amp; children experiencing family violence. You can contact Safe Steps if a woman is in immediate danger, otherwise it is best to contact Berry Street or Women’s Health West for a local response.</p> <p>Safe Steps is the referral point in to the women’s refuges.</p>	<p>(03) 9322 3555 or toll free 1800 015 188 (not free from mobile)</p> <p>Website: <a href="http://www.safesteps.org.au">www.safesteps.org.au</a></p>	<p>Phone access only – 24 hours, providing online support and referral to family violence services</p>
<p><b>Frontyard Melbourne Youth Support Service</b></p> <p>Melbourne Youth Support Service (MYSS) is a statewide homelessness access point service for young people aged from 16 to 24, providing information, short term support and referral for young people who are homeless or at risk of homelessness.</p> <p>MYSS is based at Frontyard Youth Services in the CBD with a range of co-located youth services including health, law and education programs.</p>	<p>9614 3688</p> <p>Website: <a href="http://www.melbournecitymission.org.au/services/homelessness-justice/young-people-25-years/">http://www.melbournecitymission.org.au/services/homelessness-justice/young-people-25-years/</a></p>	<p>19 King Street, Melbourne Mon-Fri, 9am-8pm Weekends &amp; Public Holidays 10am-6pm</p>
<p><b>Women’s Housing Ltd</b></p> <p>Provides housing information, transitional and long term housing for women.</p>	<p>9412 6868</p> <p><a href="http://womenshousing.com.au">womenshousing.com.au</a></p>	<p>Suite 1, Level 1, 21 Cremorne Street, Cremorne</p>
<p><b>IA&amp;P workers in prisons and Youth Justice IA&amp;P</b></p> <p>Initial assessment and planning (IA&amp;P) workers are funded to support people exiting prison and leaving Youth Justice Centres.</p> <p><b>Link to Protocols supporting these arrangements:</b></p> <p><a href="http://www.nwhn.net.au/admin/file/content2/c7/YJ-HSS%20Access%20Protocol-new%20template%20020215.pdf">www.nwhn.net.au/admin/file/content2/c7/YJ-HSS%20Access%20Protocol-new%20template%20020215.pdf</a></p> <p><b>and</b></p> <p><a href="http://www.nwhn.net.au/admin/file/content2/c7/Final%20Prison%20Exit%20Protocol%20June%2010_1424218150425.pdf">www.nwhn.net.au/admin/file/content2/c7/Final%20Prison%20Exit%20Protocol%20June%2010_1424218150425.pdf</a></p>		

## 2.1.2 Homelessness Services in Melbourne's North and West that can be accessed directly<sup>1</sup>

### Aboriginal services



- **Elizabeth Morgan House Aboriginal Women's Service**, Support for Aboriginal women or other women involved with Aboriginal men experiencing family violence, 9482 5744, [www.emhaws.org.au](http://www.emhaws.org.au)
- **Marg Tucker Hostel for Girls**: accommodation service for young women; Fairfield, 9482 1161, [margarettucker.org.au](http://margarettucker.org.au)
- **Bert Williams Aboriginal Youth Service**: accommodation service for young men; Case management service for Indigenous men who use violence, Thornbury, 9484 5310, [www.vacsal.org.au/programs/bert-williams-center.aspx](http://www.vacsal.org.au/programs/bert-williams-center.aspx)
- **WT Onus and George Wright Shelter for the Homeless – Aboriginal Hostels Ltd**; Northcote, 9489 6701, [www.ahl.gov.au](http://www.ahl.gov.au)
- **Indigenous Tenancies at Risk program** – based at Aborigines Advancement League; Thornbury, 9480 7777

### Referral pathways generally from other service systems

- **Brosnan Youth Services**: service for young people exiting or who have had contact with the Youth Justice System; Brunswick, 9480 7777, [www.jss.org.au/what-we-do/justice-and-crime-prevention](http://www.jss.org.au/what-we-do/justice-and-crime-prevention)
- **ACSO McCormack Post Release Service**: response for people exiting prison who experience complex mental health issues; Abbotsford, 9480 7777, [www.acso.org.au/what-we-do/community/forensic-residential-services](http://www.acso.org.au/what-we-do/community/forensic-residential-services)
- **Flat Out**: Case management & advocacy through outreach support to women who have left prison; 9372 6155, [www.flatout.org.au](http://www.flatout.org.au)
- **The Salvation Army Adult Services – SANS**: Provides intensive support to homeless men and women who have, for the most part, been excluded from the mainstream and homeless service system. The program gives priority to people who have histories of long term homelessness and limited, if any, other options for accommodation and support, 9329 5777, [www.salvationarmy.org.au/Find-Us/Victoria/Adult-Services/Programs-and-Services/Outreach-and-Support-Programs](http://www.salvationarmy.org.au/Find-Us/Victoria/Adult-Services/Programs-and-Services/Outreach-and-Support-Programs)
- **The Salvation Army Adult Services – PLACES**: Short term support and advocacy for people living in unsupported and marginalised living options such as squats, sleeping rough, rooming houses and caravan parks in the inner west metropolitan region, 8371 7800, [www.salvationarmy.org.au/Find-Us/Victoria/Adult-Services/Programs-and-Services/Outreach-and-Support-Programs](http://www.salvationarmy.org.au/Find-Us/Victoria/Adult-Services/Programs-and-Services/Outreach-and-Support-Programs)
- **Wombat Housing & Support Service Single's Program**: support program for people living in rooming houses in the inner west; North Melbourne, 8327 2222, [www.wombat.org.au](http://www.wombat.org.au)

<sup>1</sup> These specialist services can be accessed directly, rather than through a homelessness access point.



## Other homelessness services with a unique role

- **Caroline Chisholm Society:** support to pregnant women and parents with children under primary school age, Essendon 9361 7000, [www.caroline.org.au](http://www.caroline.org.au)
- **McAuley Community Services for Women:** support and accommodation for women experiencing family violence and women who are homeless, 1300 408 751, [www.mcauleycsw.org.au](http://www.mcauleycsw.org.au)
- **Ozanam Community Centre** – drop in centre with a meals program, [vincentcare.org.au/what-we-do/programs-and-services/general-support/ozanam-community-centre](http://vincentcare.org.au/what-we-do/programs-and-services/general-support/ozanam-community-centre)
- **Mathew Talbot Soup Van** provides free food every day, based in Fitzroy, 9895 5800, [www.vinnies.org.au/findhelp/view/90](http://www.vinnies.org.au/findhelp/view/90)
- **St Mary's House of Welcome** - drop in centre with a meals program, Fitzroy, 9417 6497, [www.smhow.org.au](http://www.smhow.org.au)
- **Wintringham:** services for elderly people who are homeless, Flemington, 9034 4824, [www.wintringham.org.au](http://www.wintringham.org.au)
- **Family Reconciliation Mediation Program (FRMP)** – brokerage for young people who have a case plan that includes goals in relation to family reconciliation or mediation, or recovery from family conflict and breakdown, to access therapeutic assistance, family mediation, group work or have some respite. See: [www.melbournecitymission.org.au/services/homelessness/young-people-25-years/family-reconciliation-mediation-program-\(frmp\)/frmp-brokerage](http://www.melbournecitymission.org.au/services/homelessness/young-people-25-years/family-reconciliation-mediation-program-(frmp)/frmp-brokerage)
- **Bethlehem Community**, accommodation and support for single women over 35 unaccompanied by children who have experienced homelessness or at risk of homelessness. Ph: 9462 3937 [www.sacredheartmission.org/services/longer-term-support-accommodation/womens-accommodation](http://www.sacredheartmission.org/services/longer-term-support-accommodation/womens-accommodation)
- **Bright Futures – Children's Specialist Support Service**, provides enhanced case management and/or group work responses to children (0-18) whose families are accessing homelessness and/ or family violence services in Melbourne's north and west. For further information please contact the Bright Futures team on 9359 5493 or on [brightfutures@merri.org.au](mailto:brightfutures@merri.org.au)

## GRIEVANCES/CONCERNS

The Homelessness Advocacy Service (HAS) is the key advice and information service for consumers seeking or receiving assistance from any Victorian community-managed homelessness assistance or social housing service. The goal of HAS is to achieve mutually beneficial resolutions for consumers and service providers. It achieves this goal by providing consumers and service providers with: secondary consultation, appropriate and accurate information, problem-solving, complaints resolution, referral, advice.

You can contact the HAS Advocate via:

- [email](#)
- Free call 1800 066 256 or 8415 6213
- If you need an interpreter please advise the HAS advocate
- Or you can call VITS (Victorian Interpreting and Translation Service) on 9280 1970. Tell them you want to speak to the Homelessness Advocacy Service at the Council to Homeless Persons
- Please advise the HAS Advocate if you require a disability sticker for your car when attending the office.
- For more information download the HAS information sheet.

## 2.2 Bolton Clark (RDNS) Homeless Persons' Program

### ELIGIBILITY

#### How do you know this service system is right for your client?

- If your client has physical and mental health needs and requires a health assessment, health education or health information
- If your client is homeless or at risk of homelessness
- This is a free service and is an assertive outreach health response

#### Things that can be difficult:

Delays in accepting the referral as the allocated nurse is at full capacity to take on a new referral

### ACCESS

#### How do you get your client in to this service system?

Phone the Bolton Clark (RDNS) on: 1300 33 44 55 and ask to be transferred to the Homeless Persons Program. If you are unsure whether your client is eligible, ring RDNS HPP to conduct a secondary consult. Appointment times are variable depending on health need being addressed.

#### Geographical cover where the outreach nurses are located:

- **NORTH EAST:** Melbourne CBD, City of Yarra, City of Darebin Broadmeadows District, Moreland and Hume, Inner Metro North District, Box Hill District, City of Whitehorse and Maroondah,
- **WEST:** Flemington District, City of Brimbank, City of Wyndham, Keilor/St Albans District, Sunshine District
- **RDNS HPP nurses also co-located at:** Access Health St Kilda, Flagstaff Crisis, Ozanam Community Centre, McAuley House, SRS North West Metro area, Melbourne Streets to Home and Rough Street Initiative
- **YOUTH** Broadmeadows District, City of Darebin, City of Banyule, Inner Metro North.

#### Tips and tricks:

- You can make the referral on your clients' behalf
- If you know the HPP nurse already, you can refer direct to the nurse
- **Screen will be done by a Team Co-ordinator to determine if referral is appropriate**
- Once spoken to a team co-ordinator, you may be asked to complete a referral form. If the client is self-referring, this may not be required, if the referrer knows the nurse directly, a referral form may also not be required.
- Client does not need a GP referral
- Client may request an initial joint assessment visit

## SERVICE PATHWAY

### What will happen / What is the journey you and your client can expect?

Initial Health Assessment: This is usually done at the first contact either by phone or in person. Assessment includes history of health (physical and mental), housing, AOD history, financial and social history.

#### Things that can be difficult:

- Health assessment may occur over a period of time not just at 1st appointment by phone or in person
- Nurses are mandated to assess the risk for dependent children and make reports if required. Submission of a report does not mean the children will be removed from care.
- Verbal consent may be obtained initially and we reiterate how the information will be used. Disclosure of health information may be withheld as deemed necessary, unless client is at risk to themselves or others.

## SERVICE TYPES

### What are some of the options that might be available for your client?

1. Health assessment, education, information and advice
2. Health care treatment and on-going assistance
3. Advocacy and supported referrals to other services that may help: legal, optometry, dental, etc.
4. Health promotion and illness prevention.

## 2.3 Homeless Youth Dual Diagnosis Initiative (HYDDI)

### ELIGIBILITY

#### How do you know this service system is right for your client?

A service for workers of Specialist Homelessness Support (SHS) funded agencies within the Northern and Western DHHS regions, that provide services to young people who:

- are aged between 16—25 years old
- have an impacting mental health and/or substance use issue (no formal diagnosis required)
- are supported by a youth homelessness agency, and
- are not engaged with an Area Mental Health Service (e.g. Orygen).

#### Things that can be difficult:

- HYDDI is an entirely voluntary service and only works with young people while they are linked into a youth SHS
- Young people engaged with a counsellor/therapist and an AOD worker may become confused as to why another worker is required.

### ACCESS

#### How do you get your client in to this service system?

Phone call to relevant HYDDI worker (See below)

#### **HYDDI North Region: 0409 029 102**

Covers Council areas: Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea, Yarra

#### **HYDDI Western Region: 0407019586**

Covers Council areas: Brimbank, Hobsons Bay, Maribyrnong, Melbourne City, Melton, Mooney Valley, Wyndham

#### Things that can be difficult:

Appointments are usually booked a week in advance. Secondary consultations can be over the phone, via email or face to face meetings.

## SERVICE PATHWAY

### What will happen / What is the journey you and your client can expect?

The HYDDI clinician and homelessness worker will decide whether support is provided by a primary consultation with the worker and young person, or via secondary consultation.

#### Things that can be difficult:

In cases where the support needs are beyond the scope of the HYDDI role, the worker will be advised to refer the young person to the mental health service for more intensive support.

## SERVICE TYPES

### What are some of the options that might be available for your client?

- Primary consultation: offering a confidential specialist mental health and substance use assessment

#### Things that can be difficult:

The worker must be present at each primary consultation with the client. (Promotes capacity building by example).

- Secondary consultation: advising case managers on brief interventions and strategies, information on referral for specialist treatment, service co-ordination and clinical problem solving. Workers do not need to provide information that would identify the client.

#### Things that can be difficult:

Load level of HYDDI worker often needs advance booking. If the consult is in response to crisis, support can be provided by phone.

#### Tips and tricks:

Have information easily accessible to narrate during consultation. With permission of the young person, and adhering to service policy the information can be emailed.

- Individual and group support/supervision/reflective practice for case managers on working with clients with a dual diagnosis
- Youth homelessness sector training and education (can be one to one or group training)
- Short-term co-case management (12weeks)



### Indigenous Resource Guide

A variety of services including mental health / AOD support for indigenous communities is available at: [vu.edu.au/indigenous-partnerships](http://vu.edu.au/indigenous-partnerships)



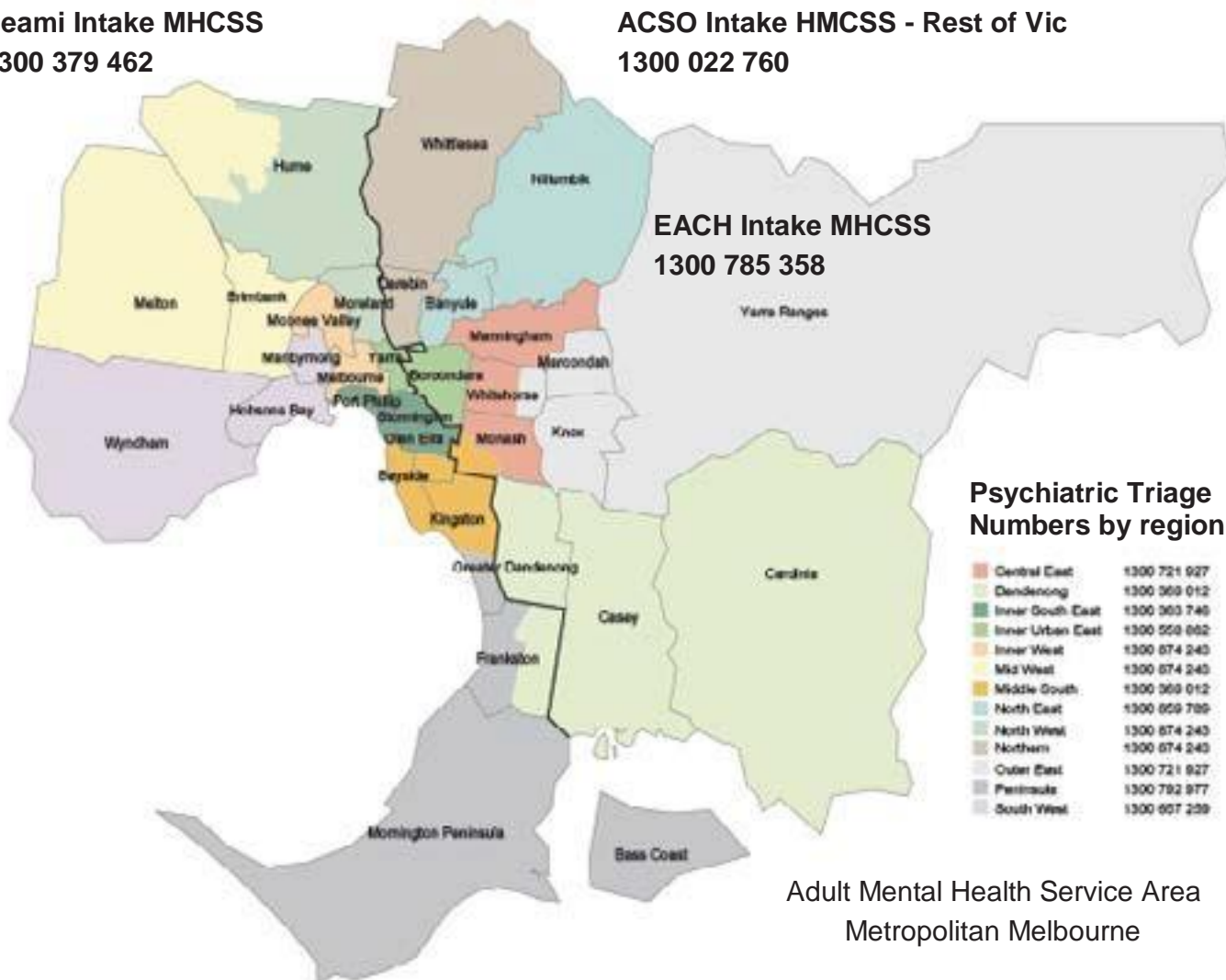
# **Section 3:**

## **North & West Melbourne Mental Health System**

# Section 3: North & West Melbourne Mental Health System

**Neami Intake MHCSS**  
1300 379 462

**ACSO Intake HMCSS - Rest of Vic**  
1300 022 760



## Community Mental Health Support Services (Section 3.1)

### Mental Health Community Support Services (MHCSS):

- South West, North West, Inner North: Neami National 1300 379 462
- North: EACH - 1300 785 358
- Regional Victoria (except Barwon and Peninsula): ACSO 1300 022 760

**NDIS: 1800 800 110**

**Day to Day Living in the Community (D2DL):** Structured Activity Programs: Various providers listed at [www.health.gov.au/internet/main/publishing.nsf/content/mental-d2dl#vic](http://www.health.gov.au/internet/main/publishing.nsf/content/mental-d2dl#vic)

**Personal Helpers and Mentors (PHAMS):** one to one support. Various providers listed at [www.dss.gov.au/our-responsibilities/mental-health/programs-services/personal-helpers-and-mentors-phams](http://www.dss.gov.au/our-responsibilities/mental-health/programs-services/personal-helpers-and-mentors-phams)

**Carer Support Services:** MIND Carer Help Line 1300 554 660, Carers Victoria 1800 242 636



## Clinical Mental Health Services (Section 3.2)

### Public Clinical Mental Health Services:

- Adults in Maribyrnong, Hobson's Bay, Wyndham: Mercy Mental Health - 1300 657259
- Adults in Whittlesea, Darebin, Hume, Moreland, Melton, Brimbank, Moonee Valley, Melbourne: North Western Mental Health - 1300 874243
- Young People (aged 15-25): Orygen Youth Health 1800 888 320

### Private Clinical Mental Health Services

- General practitioners and private psychiatrists provide the bulk of clinical mental health services to people experiencing mental illness. GP referral to private psychiatrist is needed for Medicare rebate. GP's will know psychiatrists in the area. Also the college of psychiatry has a search engine to help clients choose a psychiatrist themselves. [www.ranzcp.org/Mental-health-advice/find-a-psychiatrist.aspx](http://www.ranzcp.org/Mental-health-advice/find-a-psychiatrist.aspx)
- Counselling and Psychological Services – Better Access and ATAPS
- Youth Specific – Headspace

## GRIEVANCES/CONCERNS

### Mental Health Complaints Commissioner

The Mental Health Complaints Commissioner opened on 1 July 2014. It was created by the Mental Health Act 2014 (the Act) to be a specialist independent mental health complaints body that is accessible, supportive and responsive.

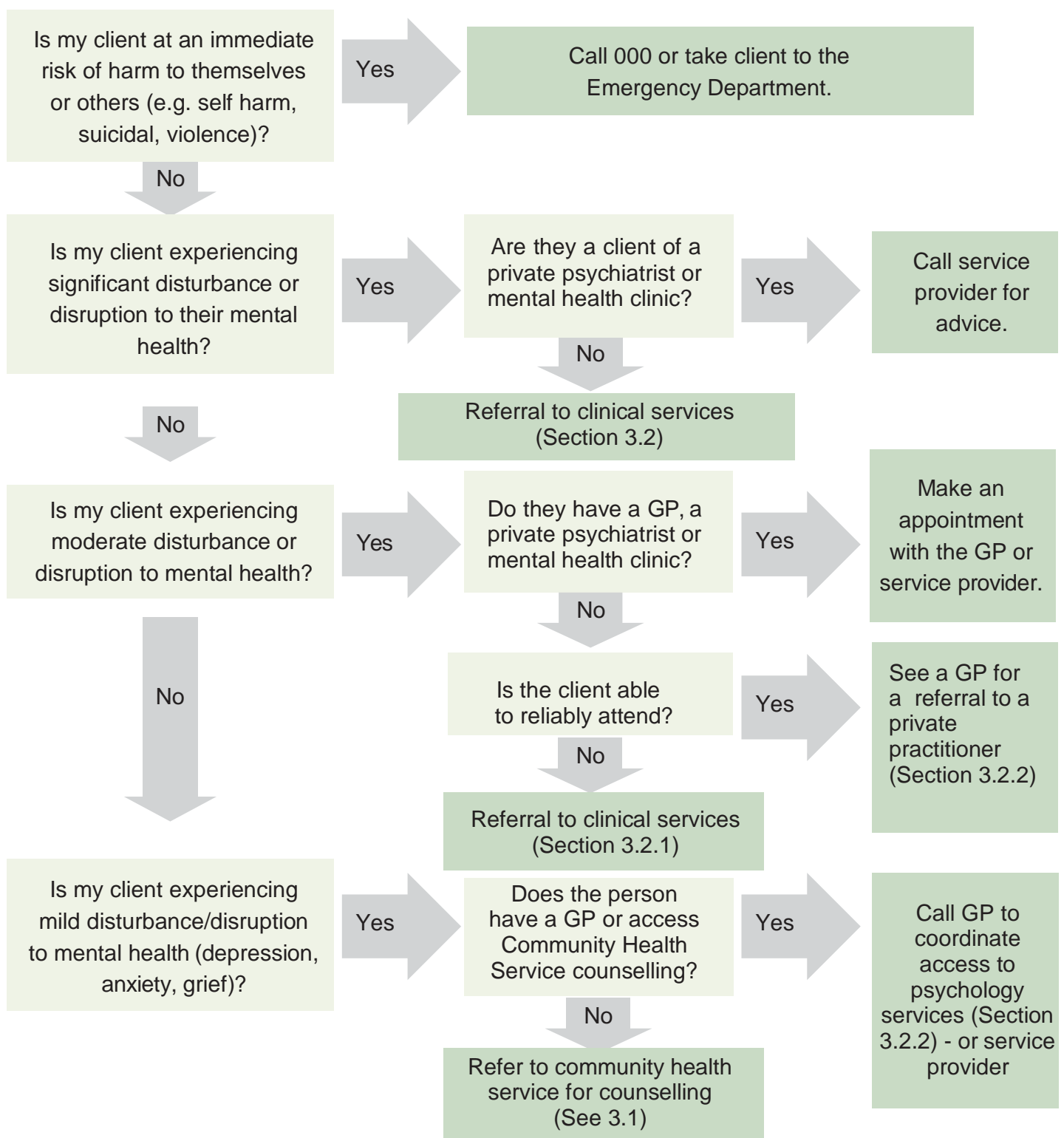
### What the Commissioner does

- Help people speak up about their concerns by supporting them to make a complaint directly to their public mental health service or to the Commissioner.
- Assist Victorian public mental health services develop accessible and responsive resolution approaches to deal with concerns and complaints.
- Receive and analyse reports from public mental health services about the complaints they receive and the outcomes of those complaints, making recommendations.
- Undertake investigations into any matter relating to Victoria's public mental health services, as requested by the Minister for Mental Health.

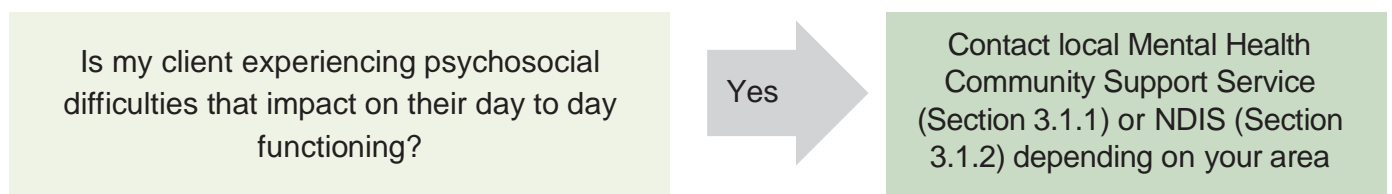
You can make an enquiry or complaint by:

- Phone: 1800 246 054 (free call from landlines) or 03 9032 3328
- Email: [help@mhcc.vic.gov.au](mailto:help@mhcc.vic.gov.au)

# Adult Mental Health Decision Making Tree



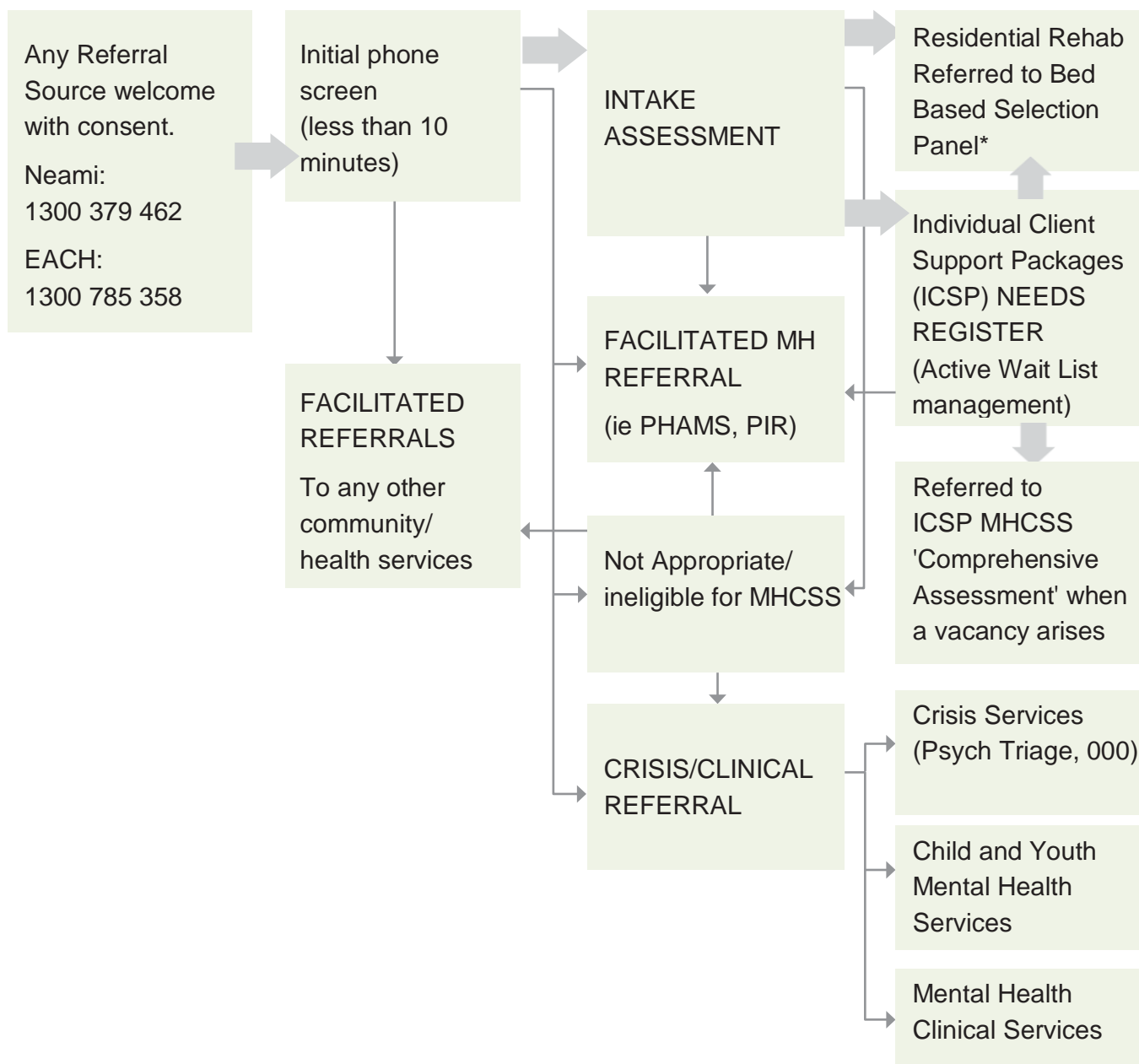
## In addition to any of the above



## 3.1 Mental Health Community Support Services (MHCSS)

### MHCC: how the service works.

Mental Health Community Support Services (MHCSS) Intake Flowchart (Neami National)



### MHCSS and NDIS

The National Disability Insurance Scheme (NDIS) will become the main vehicle through which psychosocial support is accessed. The current MHCSS function will cease to exist in its current form as NDIS is rolled out. Please read this section alongside section 3.1.2 which focusses on NDIS.

## 3.1.1 Mental Health Community Support Services

### ELIGIBILITY

#### How do you know this service system is right for your client?

MHCSS programs aim to minimise long term disability and improve quality of life outcomes by providing clients with the best rehabilitation and recovery support possible, tailored to their individual needs and preferences. Helping people to manage their own mental health better and make decisions related to their support.

DHHS Criteria: To be eligible to receive MHCSS, people will need to:

- be 16-64 years of age
- have a disability that is attributable to a psychiatric condition
- have an impairment or impairments that are permanent, or are likely to be permanent
- have an impairment or impairments that result in substantially reduced psychosocial functioning in undertaking one or more of the following activities:
  - communication
  - social interaction
  - learning
  - self-care
  - self-management (mental health); and
- have an impairment or impairments that affect the person's capacity for social and economic participation.

#### Things that can be difficult:

Waiting times apply, and vary according to catchment, program vacancies and prioritisation of referrals.

#### Tips and tricks:

- MHCSS Intake Assessment is completed over the phone normally. However, in special circumstances the assessment can be completed face to face. The initial call will only take 5-10 minutes and then we will book in a time for an intake assessment which can take about 45 minutes to complete. MHCSS Intake services are voluntary and expect consumers to be willing to complete the assessment.
- Ensure they have informed consent before calling.
- The psychiatric condition should be more than 6 months old. This is used to help determine "likely to be permanent". This can be shown by:
  - A diagnosis older than 6 months
  - If the diagnosis occurred more recently, intake will explore how long the issues have been apparent.
- A psychiatric condition that varies in intensity is also considered permanent if it is likely the person required ongoing specialist mental health support. Young people may also be less severely disabled but at significant risk of functioning and disruption to the development of life skills, relationships, education and employment.

## ACCESS

### How do you get your client in to this service system?

- South West, North West, Inner North, Bayside and Frankston-Mornington Peninsula **call Neami National 1300 379 462 (9am-5pm Monday to Friday)**
- For North, Inner East, East and South East **call EACH social and community health 1300 785 358 (9am-5pm Monday to Friday)**
- For Regional Victoria (except Barwon and Peninsula) (Barwon is NDIS intake) **call ACSO 1300 022 760 (9am-5pm Monday to Friday)**

#### Things that can be difficult:

Phone based intake assessments can be difficult for some clients

#### Tips and tricks:

- In special circumstances the assessment can be completed face to face. Discuss this with the Intake Worker and explain why it's important.
- With consent, you can also make a time with the Intake Worker prior to the assessment for the referrer to provide some information and this can also help to reduce the amount of information consumers need to provide; and therefore reduce the need for the consumer to repeat information if they have already provided this to your intake/program.

#### Things that can be difficult:

Needing the consumers to be willing to engage can be difficult; this is a voluntary program

#### Tips and tricks:

- Ensure they have informed consent before calling.
- Encourage consumers to call intake discuss the kind of support they can receive.

#### Things that can be difficult:

Due to high demand on this intake, capacity to facilitate referrals to other options is limited, so the onus may be on the referrer to seek alternative options if the MHCSS program is not suitable or the priority is low; and there are high needs that may be able to be met by another referral to a more suitable program, such as homelessness, AOD, family violence etc.

#### Tips and tricks:

Consider referring to other mental health programs such as PHAMS, Psychologists, Community Health counselling, Partners in Recovery etc.

## SERVICE PATHWAY

### What will happen / What is the journey you and your client can expect?

The client journey depends on the support that is allocated:

- **Individualised Client Support Package (ICSP)**

1. Phone intake and initiate referral (either self-referral or anyone else with consent)
2. Screened for basic criteria and booked for an Intake Assessment within 2 weeks.
3. Intake Assessment will determine priority based on functioning. A client's priority may be increased if they have comorbid issues or are from a particularly vulnerable group.
4. Registered on Needs Register (Waitlist) and followed up. When a vacancy arises clients are allocated according to their priority and how long they have been waiting.
5. Allocated to ICSP, and program will make contact for a comprehensive assessment and start to develop an individual recovery plan.
6. Meet with ICSP worker regularly as negotiated and may have the option of groups in the community also
7. Remain engaged with the program to continue to receive support.

#### Things that can be difficult:

Due to high demand, Priority 3 referrals are not getting allocated. Waiting times for the ICSP programs vary according to catchment and the priority of the referral.

#### Tips and tricks:

- Please update Intake if there are any changes such as admission to hospital or other rehab; or if they move house/areas.
- Request to be updated by the Intake program when your consumer is assessed or allocated for a program.
- MHCSS Intake can discuss the prioritisation upgrade factors that will allow a referral to be upgraded. Such as:
  - Aboriginal/ Torres Strait Islander;
  - Case Managed by Clinic/ Hospitalisation
  - Dual Diagnosis (AOD)
  - Homelessness;
  - Dual Disability;
  - Forensic;
  - CALD;
  - Young people;
  - Chronic medical conditions, etc.

## SERVICE PATHWAY

- **Residential Rehabilitation**

1. Nomination Form completed by referrer and uploaded to portal
2. Phone Screen either with referrer or sometimes consumer needs full assessment over the phone
3. Added to the Register for Nominations
4. Selection Panel meetings occur monthly and review referrals prioritising them by need and suitability.
5. Allocation of referrals when vacancies arise by priority, date, and suitability
6. Comprehensive Assessment completed by Residential Rehab program face to face

### Things that can be difficult:

Adult Residential Rehabilitation programs also charge rent of 30% of income, and consumers must pay for their own expenses on top of this, meals, bills etc.

### Tips and tricks:

Ideally, consumers should try to have their voice in the nomination form and articulate how the program might assist in their recovery.



## SERVICE TYPES

### What are some of the options that might be available for your client?

- **Individualised Client Support Package (ICSP)**

All providers utilise their own approach to the work. All utilise a recovery oriented framework, focussing on the needs of the individual. Support may occur individually or through participation in group activities. While supports are not time limited, consistent with recovery principles, exit planning occurs from the commencement of care.

- **Residential rehabilitation**

Residential Rehabilitation services provide psychosocial rehabilitation support to people aged 16-64 years with a psychiatric disability in a residential setting. The aim of the service model is to assist the person to learn or re-learn skills and develop the confidence required for independent living, better manage their mental illness; and support them to achieve their recovery goals in respect to social relationships, social connections, recreation, physical health, alcohol and drug issues, education, vocational training, employment, housing and other needs.\* *This service is not to be used as an alternative for mental health inpatient or sub-acute mental health admission nor crisis/emergency accommodation.*

#### Things that can be difficult:

Waiting times apply, and vary according to catchment, program vacancies and prioritisation of referrals.

#### Tips and tricks:

Subscribe to our mailing list:  
[intake@neaminational.org.au](mailto:intake@neaminational.org.au)

The level of care and support is determined by the needs of the individual, we do not have a set amount.

- Other Government services to consider

- Personal Helpers and Mentors (PHAMS): one to one support.  
Various providers listed at <https://www.dss.gov.au/our-responsibilities/mental-health/programs-services/personal-helpers-and-mentors-phams>
- Day to Day Living in the Community (D2DL): Structured Activity Programs:  
Various providers listed at <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-d2dl#vic>

These supports are funded by the federal government. They focus on people with severe and persistent mental illness. The MHCSS intake line will refer people to these services where they do not meet the criteria for MHCSS or the wait is likely to be long (priority 3). The nature of treatment varies between agencies.

## 3.1.2 National Disability Insurance Scheme for people with a mental illness

The National Disability Insurance Scheme (NDIS) is being rolled out across Australia by the National Disability Insurance Agency (NDIA). For people with a mental illness the NDIS will be the main vehicle through which psychosocial support and other disability support associated with a having a mental illness is accessed. Its largest component is the provision of individual support packages in which consumers identify goals around life domains, and funding is provided for the support and services required to reach them. Participants choose their own support provider and have flexibility in defining what, how and when it is delivered. The current MHCSS function will cease to exist in its current form.

The NDIS has been introduced in North Eastern Melbourne, encompassing the local government areas of Banyule, Darebin, Nillumbik, Whittlesea and Yarra. Existing MHCSS clients will transition to the NDIS between May and June 2017. The NDIS will commence in other areas of Melbourne's North and West in 2018-19. Once the NDIS is available in an area, any appropriate client should be referred directly to the NDIS and not the MHCSS central intake. This website has details of how, where and when it will be rolled out: <https://www.ndis.gov.au/about-us/our-sites/VIC.html>

### ELIGIBILITY

#### How do you know this service system is right for your client?

The NDIS will provide individual support packages in which consumers identify goals around life domains and funding is provided for the support and services required to reach them.

Access criteria for the NDIS and MHCSS are similar and existing clients of an MHCSS are deemed to meet the NDIS access criteria and will transfer to the NDIS. The MHCSS provider will assist the client to make the transition. To be eligible for the NDIS people will need to:

- be under 65 years of age
- live in an area in which the NDIS is operational
- be an Australian citizen or permanent resident
- have a disability that is attributable to a psychiatric condition
- have an impairment or impairments that are permanent, or are likely to be permanent
- have an impairment or impairments that substantially reduces functioning in daily living, such as
  - communication
  - social interaction
  - learning
  - self-care

The MHCSS intake function will continue until full scheme roll out and will support clients on the need register to make access requests to the NDIA. It will cease taking referrals for a particular area from the day that MHCSS clients are scheduled to commence their transition.

## ACCESS

### How do you get your client in to this service system?

- Direct or assist your client to use the access checker on the NDIS website [www.ndis.gov.au/ndis-access-checklist.html](http://www.ndis.gov.au/ndis-access-checklist.html)
- Ring the NDIA (phone: **1800 800 110**) and ask for an access request form
- Walk into a Local Area Coordinator shopfront and ask for assistance (see below for information on Local Area Coordinators)

#### Things that can be difficult:

Establishing permanency and impact on functional ability can be confronting and difficult for some clients. Written documentation from a health professional is required.

Accessing the NDIS is voluntary, the client must request access or be with their permission.

Access forms can only be obtained through direct contact with the NDIA or Local Area Coordinator

The NDIA is contacting some clients on the phone seeking to commence preparation of their Interim Plan.

#### Tips and tricks:

- Clients who are existing MHCSS clients at the time of transfer are automatically considered to meet the access requirements and will proceed directly to the planning stage.
- The MHCSS intake function will support clients on the needs register to prepare access requests and prepare for planning.
- You may need to actively support your client to obtain the required documentation to support the access request
- If the worker completes an NDIS consent form they will be able to speak with the NDIS on their client's behalf.
- Ensure that the address on their Centrelink card for any transient clients is up to date or it will not be possible to register.
- Advise clients that if they are contacted by the NDIA to commence development of a Plan over the phone, the client can request a face to face meeting and request to have a support worker present.

## SERVICE PATHWAY

### What will happen / What is the journey you and your client can expect?

Once an access request has been accepted, clients are invited to meet with a planner (usually through the Local Area Coordinator) to identify needs, current supports and goals.

Clients can bring existing support plans, and are encouraged to use the NDIS planning tool before attending the meeting. Planning meetings are usually for one hour but more time can be organised. Following the meeting a plan is prepared and when approved by the NDIA forwarded to the client.

Funding is allocated to the plan and the client is then in a position to choose who they would like to provide their services and how they would like to manage their plan. Currently, many people with a psychosocial disability request their chosen service providers to directly bill the NDIA rather than manage the expenditure themselves.

#### Things that can be difficult:

- Only support needs to address the functional limitations caused by the person's disability will be funded. In addition, supports and services which should be provided by another part of the service system will not be funded, regardless of availability.
- Correspondence will usually be by mail and be directly with the client.

#### Tips and tricks:

- Before the planning meeting assist your client to think about what type and amount of support is required. Use the access tool to assist them:  
[www.ndis.gov.au/ndis-access-checklist.html](http://www.ndis.gov.au/ndis-access-checklist.html)
- Encourage them to think of supports and services which may not previously been available
- Regularly ask your client what is happening with their application and support them to respond to the NDIA in a timely manner.
- Encourage the client to request service coordination support in their plan (at least 3 – 4 hours per week)

**Local Area Coordinators (LACs)** will work with participants to:

- Provide assistance for clients to connect to and build informal and natural supports
- Provide assistance with the planning process and effective implementation
- Work with non-participants as part of Information, Linkages and Capacity Building ([www.ndis.gov.au/communities/ilc-home](http://www.ndis.gov.au/communities/ilc-home))
- Work with community, providers and mainstream to build inclusion and awareness of the needs of people with disability

The current LAC Partners in Melbourne's north and west are:

- Brotherhood of St Laurence in North East Melbourne, Hume/Moreland and Bayside Peninsula
- Latrobe Community Health Service in Inner and Outer East Melbourne

## SERVICE TYPES

### **What are some of the options that might be available for your client?**

Clients have significant discretion to define and purchase the supports that will best assist them to meet their goals and address their functional limitations. The NDIS broadly organises the supports into the following categories:

- Assistance with daily life
- Transport
- Consumables
- Assistance with social and community participation
- Assistive technology
- Home modifications
- Coordination of supports
- Improved living arrangements

The NDIS is still evolving and the aim is to improve outcomes for all people with a disability, not just those who are eligible for individual packages. The full NDIS service offering will eventually include:

- Information, Linkages and Referrals
- Capacity building for mainstream services
- Community awareness and capacity building
- Individual capacity building
- Local Area Coordination

## 3.2 Clinical Mental Health

### 3.2.1 North and West Clinical Mental Health Services

#### ELIGIBILITY

##### How do you know this service system is right for your client?

People (aged 15-64) with serious mental illness or mental disorder who have associated significant levels of disturbance and psychosocial disability due to their illness or disorder.

Clinical mental health services become involved when the severity of the disturbance and impairment in functioning cannot be managed by other service providers (e.g. GP, private psychiatrist, private hospital, private psychologists/counsellors, Mental Health Community Support Services, etc.).

##### Things that can be difficult:

Clients not consenting to referral/treatment. The nature of many illnesses is such that the person has no awareness of having an illness and as such does not agree to mental health service referral or treatment.

##### Tips and tricks:

Psychosocial interventions are a key aspect of mental health treatment and can be provided by a range of service providers.

Clients do not need to accept diagnostic labels. It's often more palatable for clients to discuss mental health issues in terms of symptoms (e.g. stress, feeling overpowering emotions, sleep difficulties, fear and its related anxiety). Medication is targeted at symptoms not illnesses so when couched this way is sometimes more acceptable.

## ACCESS

### How do you get your client in to this service system?

All mental health services have geographic catchments that are approximately aligned with municipal boundaries. Each catchment has a Psychiatric Triage service that receives referrals and either redirects to other services or commences referral to internal programs.

**Mercy Triage** (Mercy Mental Health Service (Maribyrnong, Hobson's Bay, Wyndham)  
1300 657 259

### North Western Mental Health Triage

Northern MHS (Whittlesea, Darebin)  
North West MHS (Hume, Moreland)  
MidWest MHS (Melton, Brimbank)  
Inner West MHS (Moonee Valley, Melbourne)  
Ph: 1300 874 243

### Orygen Youth Health

(Young people aged 15-25 living in south-west, north-west, or inner Melbourne  
Ph: 1800 888 320

#### Things that can be difficult:

Unless they require immediate treatment, clients will need to access the service that covers their usual residence.

#### Things that can be difficult:

People under the age of 25 will be directed to access Orygen if they are living in Orygen's catchment area and meet Orygen's criteria (generally: no more than two years of treatment for mental health issues)

#### Things that can be difficult:

Mental health services do not provide an emergency response. If the situation is too high risk, then triage will redirect the referrer to call 000/emergency services

#### Tips and tricks:

Referral pathway via a GP referral is most straight forward. If non-urgent first get client to a GP who can endorse the idea of referral and write a letter to support it.

If you refer to triage, they will likely ask you the following:

- Does the person, their family or guardian know about the referral? If not, why not? If they know about it, how do they feel about it?
- Nature of the problem
- Changes in emotions, thinking, or behaviours
- Physical symptoms
- Risks to self or others
- Family history of mental illness
- Drug use
- Offending behaviour
- Available supports
- Previous mental health treatment
- WHY are you referring now?

#### Tips and tricks:

Refer to Orygen if you are working with a client who is younger than 25 and they have not previously accessed mental health services. They will redirect you to seek out adult services if your client does not meet their criteria.

#### Tips and tricks:

Police have the power to detain a person and take them to an emergency department for a psychiatric assessment.



## SERVICE PATHWAY

### What will happen / What is the journey you and your client can expect?

Triage will determine the severity of the presenting issue and how quickly a response is required. Triage will initially assess whether or not the person can be supported by other services (such as a GP) and may request additional information. The assessor would need to discuss a proposed course of action with their team/colleagues. They will then forward the referral to the appropriate program within the mental health service.

#### Things that can be difficult:

People will only be seen on the same day if they are assessed as being a high risk of harming themselves or others.

If the risks are considered to be too high, then the referrer will be directed to call emergency services.

#### Tips and tricks:

The triage clinician can advise the caller on how soon the client can be seen by the mental health service.

The client can have a support person with them during the assessment.

## SERVICE TYPES

### What are some of the options that might be available for your client?

**1. Acute services:** Assessment and intensive psychiatric treatment for people whose symptoms place them and others at high risk.

- Inpatient unit
- Community (CATT / YAT)
- Hospital Emergency Departments (ECATT)

#### Things that can be difficult:

Unless they require immediate treatment, clients will need to access the service that covers their usual residence.

#### Tips and tricks:

Make contact with the team and ask them who the best contact person will be.

Prior to discharge from acute services, organise a family/carer meeting with the hospital staff so that everyone involved is aware of any follow up arrangements and medications.

**2. Sub-acute services:** Residential recovery programs with 24hr staffing (adults only).

- Prevention and Recovery Care (PARC) - PARC have 1-4 week stays with emphasis on preventing admissions or enabling earlier discharges.
- Secure Extended Care Units (SECU) - SECU and CCU (below) have longer term stays for rehabilitation.
- Community Care Units (CCU)

## SERVICE TYPES

### 3. Community Recovery Programs

- **Multidisciplinary integrated teams** – Emphasis on individualised recovery plans that address clinical treatment of mental health disorder and psychosocial aspects of recovery.
- **Orygen** – Offer a range of specialised community clinics that target specific symptoms in young people:
  - **EPPIC** (Early Psychosis Prevention & Intervention Centre)
  - **Youth Mood Clinic** (Depression, bipolar II disorder (non-psychotic bipolar disorder) and severe anxiety disorders such as anxiety and obsessive compulsive disorder)
  - **PACE** (Personal Assessment and Crisis Evaluation – for clients at risk of developing psychosis)
  - **HYPE** (Helping Young People Early – for young people with longstanding instability with their emotions, interpersonal relationships, sense of self and behaviour).
  - **Intensive case management focussed on those with psychosis**
  - **Intensive Mobile Youth Outreach Service** focuses on those with multiple and complex needs

#### Things that can be difficult:

Some of these programs are time-limited.

#### Tips and tricks:

Encourage clients to have conversations with their treating team about how long they will remain part of the community programs and what their exit plan will be.

### 4. GP Support Programs

Aimed at supporting community General Practitioners provide clinical mental health care to people with mental health disorders.

5. **Carer Programs** – aimed at education and support for carers of the service's clients

## 3.2.2 Private Clinical Mental Health

322.1 *Using private mental health providers for counselling under Better Access (Medicare subsidised program) or Access to Allied Psychological Services (ATAPS)*

### ELIGIBILITY

**How do you know this service system is right for your client?**

**Better Access (BA)** – Clients with diagnosed mental illness (but not dementia, intellectual disability, tobacco use disorder) who have capacity to pay for psychological sessions (some providers bulk bill).

**Access to Allied Psychological Services (ATAPS)** – Clients with diagnosed mild to moderate mental illness, on low/no income. Free Service.

#### Things that can be difficult:

- Both Better Access and ATAPS are short-term treatment interventions.
- Client cannot access both Better Access and ATAPS in the same calendar year

### ACCESS

**How do you get your client in to this service system?**

**Better Access** – appointment with GP and jointly develop a Mental Health Treatment Plan (MHTP).

**ATAPS** – appointment with GP to complete a referral form (see link on next page) and a Mental Health Treatment Plan. More information, see:

**North Western Melbourne:** Phone: (03) 9088 4277 / Email: [careinmind@mpcn.org.au](mailto:careinmind@mpcn.org.au)

ATAPS CAREinMIND™ Secure Fax: (03) 9348 0750

<https://nwmpfn.org.au/priority-area-topic/mental-health-care/>

**Eastern Melbourne:**

intake and community engagement team: 03 9800 1071 or [intake@emphn.org.au](mailto:intake@emphn.org.au)

[www.emphn.org.au/images/uploads/files/About-ATAPS.pdf](http://www.emphn.org.au/images/uploads/files/About-ATAPS.pdf)

#### Things that can be difficult:

- Some GPs only want clients to be seen by Clinical Psychologists, which can inhibit timely treatment.
- Matching appropriately skilled clinician practising in (or in close proximity to) client's residence. Sometimes it is easier to allocate to a clinician in the CBD.
- Waiting time can fluctuate according to demand e.g. as little as 4 weeks and up to 8-10 weeks.
- Only 2 client "Did Not Attends" will be tolerated in the cycle of 12 sessions. Referral is closed after 2nd DNA.

## ACCESS

### Tips and tricks:

- Better Access is often available through community health services as well as through private providers.
- Eastern Melbourne PHN covers the areas of Banyule, Nillumbik, Whittlesea. (Referral is through their Clinical Intake and Community Engagement Team). North West Melbourne PHN covers all other LGAs (Referral to its services is through CAREinMIND Intake and Triage).
- ATAPs Suicide Prevention Service (SPS) is available to any person with ambivalent suicidal ideation, moderate or episodic depression/anxiety. Referral form ONLY required to be submitted by GP.

## SERVICE PATHWAY

### What will happen / What is the journey you and your client can expect?

**Better Access** - referral will be made directly by GP to private provider/community health clinician for max 10 BA sessions per calendar year. First block of 6 sessions, followed by GP review and if required remaining 4 sessions may be delivered.

**ATAPS** – GP referral form and MHTP sent to Primary Health Network intake services (CAREinMIND Intake and Triage for the West or EMPHN clinical intake and community engagement team for the North) to check for eligibility under ATAPS. Referral allocated to registered contracted ATAPS provider (mental health clinician) located in community. Up to 12 sessions per calendar year may be accessed (in exceptional circumstances 18 sessions per calendar year).

### Things that can be difficult:

ATAPS is not meant to duplicate psychological services delivered by other funded mental health services or programs.

### Tips and tricks:

- First block of 6 sessions, followed by GP review and if required remaining 6 sessions may be delivered. Only with written explanation by GP as to exceptional circumstances may sessions 13-18 be delivered. This is verified and approved by CAREinMIND team / EMPHN.
- Aboriginal and Torres Strait Islander community: ATAPS and BA are open to all community members, however some indigenous clients feel most comfortable accessing mental health providers located at VAHS, or those providers who have completed cultural awareness training.



– Headspace Collingwood has a dedicated indigenous health worker funded under ATAPS, and Darebin Community Health has an ATAPS provider with extensive (and current) experience working at VAHS. Under ATAPS, referrals from GPs for indigenous clients will be considered one of the priority categories.

## SERVICE TYPES

### What are some of the options that might be available for your client?

**Better Access** may be delivered by Clinical Psychologists, Psychologists, Mental Health Social Workers or Occupational Therapists. Sessions can be delivered to individuals or groups, covering Cognitive Behavioural Therapy; Relaxation; Psycho-Education; Interpersonal therapy; Skills training (e.g. anger management); or Narrative therapy.

**ATAPS** may be delivered by Clinical Psychologists, Psychologists, Mental Health Social Workers, Mental Health Nurses, Aboriginal and Torres Strait Islander Health Workers or appropriately skilled and qualified Occupational Therapists. Sessions can be delivered to individuals or groups, covering Cognitive Behavioural Therapy; Relaxation; Psycho-Education; Interpersonal therapy; Skills training (e.g. anger management); or Narrative therapy.

#### Things that can be difficult:

Use of interpreters is available; however timely access can be an issue. Interpreters are an essential, yet expensive adjunct to the treatment process, but no discreet funds are available. Payment comes directly from ATAPS pool.

The Mental Health Nurse Incentive program (MHNI) funds general practices, psychiatric practices and other eligible organisations so they can engage credentialed mental health nurses to assist in providing coordinated clinical care for people with moderate and severe mental health conditions. It is not available at all GP practices and the GP will determine suitability for the program. Clients must be at risk of hospitalisation, have a mental health treatment plan and not be a client of the public mental health system.

The relevant Primary Health Network (PHN) can provide information as to whether this program is suitable and where it is available.

## 32.2.2 YOUTH MENTAL HEALTH (HEADSPACE)

### ELIGIBILITY

#### How do you know this service system is right for your client?

Headspace is a voluntary service for young people (aged 12-25years) with mild to moderate mental health concerns, providing early intervention mental health services as well as physical health, work and study supports and alcohol and other drug services. This service model is best suited to those who are willing to engage with individual psychological therapy.

#### Things that can be difficult:

Headspace is generally operating from 9am-5pm Monday to Friday with some Saturday morning appointments. Outreach, crisis services and case management are not offered.

### ACCESS

#### How do you get your client in to this service system?

Ring 1800 650 890 between 9am-5pm Monday to Friday to speak to an intake clinician. A formal referral is not required, but it might be necessary to arrange a mental health care plan from the GP.

#### Things that can be difficult:

Unable to do specialist cognitive assessments or autism ASD diagnosis.

#### Tips and tricks:

The young person may need practical support to enable them to seek help – think about transport, company, or planning times that work into busy family schedules.

## SERVICE PATHWAY

### What will happen / What is the journey you and your client can expect?

1. **Phone** or face to face meet and greet session to engage with young person and welcome them in

#### Things that can be difficult:

Wait times may vary depending on individual need and available practitioners. Matching appointment times with school / work/ family commitments

#### Tips and tricks:

Assist the young person by arranging groups and other supports whilst waiting for individual care

2. **Appointment** is arranged for holistic HEADDS assessment to determine the client's needs, priorities and options

3. **Allocation** for individual psychological counselling

#### Things that can be difficult:

Meeting demand at times may result in a 4-6 week wait

#### Tips and tricks:

Access team will work to support the young person with check-in sessions, brief interventions and problem solving to stay engaged in the centres.

## SERVICE TYPES

### What are some of the options that might be available for your client?

There are a range of psychological interventions depending on problem and need.

- Physical health checks
- Psychiatric assessments
- Education, information and support from AOD counsellors, vocational providers.
- Various groups are available for social recovery and skill development.





