

Supported Community Living for People with Psychiatric Disability

LIVING IN THE COMMUNITY



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The views of people with mental illness and carers have been included in this document through the active participation of members of the working group. Views expressed in previous consultations have also been included. These consultations include those conducted for: *Finding a Home – Keeping a Home* (Accommodation Reference Group 2001); *A Framework for Comprehensive Accommodation and Psychiatric Disability Support Services* (WAAMH 2000); *My Home, My Choice* (D'Alton 1996); and the *Report on Consumer and Carer Focus Groups* (Centre for Mental Health Services Research 2001).

Metropolitan mental health services and non-government organisations have considered service developments in this area as part of a broad planning process. The report, *Finding a Home – Keeping a Home* (Accommodation Reference Group 2001) summarises this work. The State Homelessness Taskforce also considered the needs of people with a psychiatric disability in the report *Addressing Homelessness in Western Australia* (State Homelessness Taskforce 2002). These documents have been considered in the development of this policy.



1.0 The Importance of Living in the Community

Living in the community and having similar opportunities and responsibilities as other community members are basic human rights. These rights are stated in instruments adopted by Australia including the *Declaration on the Rights of Disabled Persons*. Specific principles relating to people with mental illness are articulated in the *National Mental Health Policy* (Commonwealth of Australia 1993) which states that people with mental illness have the right to an 'opportunity to live, work and participate in the community to the full extent of their capabilities without discrimination'. The *National Standards for Mental Health Services* (Commonwealth of Australia 1997) also endorses the principles adopted by the *United Nations General Assembly Resolution on the Protection of Persons with Mental Illness and the Improvement of Mental Health Care* which states:

"Every person with a mental illness has the right to live and work, as far as possible, in the community."

People with mental illness want to live in the community. National and international research shows that the majority of people want to live independently in houses and apartments with support provided as required (Juriansz 1994; Ogilvie 1997; Tanzman 1993; Tanzman, Wilson & Yoe 1992; Farhall et al. 2000; Meehan et al. 2000). In Western Australia similar opinions have been expressed by Bachelard-Lammas (1995), D'Alton (1996) and Accommodation Reference Group (2001). One person consulted by the Western Australian Association for Mental Health in the development of *A Framework for Comprehensive Accommodation and Psychiatric Disability Support Services* (WAAMH 2000) commented:

"What people don't realise is that when you get sick there is a domino effect with a loss of your job, family, and self-esteem. Getting back on your feet starts with housing and establishing friendships."

Models of supported community living have been evolving over the past 20 to 30 years (Parkinson, Nelson & Horgan 1999). In many countries, the early attempts to accommodate people in the community resulted in services that were located away from the hospital setting but functioned like institutional programs. Frequently, these services combined treatment and housing and required large numbers of people to live together. However, research has subsequently found that large congregations of people with mental illness living together does not promote a normal lifestyle (Jacobs, Chrichton & Visotina 1989; Parkinson, Nelson & Horgan 1999) and is associated with a variety of negative outcomes, including excessive dependence (Bellus, Kost & Vergo 2000).

Considerable progress has been made in helping people with psychiatric disability to live in the community through a range of services that make up the supported community living program.

In other instances, people relied on family and friends, and some people found living in the community difficult, as they did not have sufficient support. For some people living in the community has been associated with one of the forms of homelessness. This can include a range of situations from sleeping rough, living in stop gap accommodation or having insecure or marginal housing (State Homelessness Taskforce 2002). These situations have resulted in some negative views of deinstitutionalisation.

More recent approaches moved people through a series of gradually less supported residential rehabilitation settings as their ability to care for themselves increased. This model requires several moves and adaptations to new environments and communities. Research has found that this forced relocation can be very destabilising and it particularly hinders the development of social networks. Research has also found that for many people this staged approach is unnecessary and that, with adequate levels of support, people can acquire skills in their home setting (Blanch & Carling, 1988; Parkinson et al. 1999).

Contemporary models look to determine a person's support and other needs and to design services which address these needs. This may include locating houses or units and then providing the necessary levels of clinical, rehabilitation and social support. This person-centred approach aims to maximise individual decision making and assist the person develop sustainable skills and social support networks. The levels and types of clinical and support services provided change in response to the person's changing circumstances and fluctuations in their level of disability. Support and other services revolve around the person so that long term housing and social stability are not jeopardised by episodic changes due to illness.

In recent years, considerable progress has been made in helping people with psychiatric disability to live in the community through a range of services that make up the supported community living program. The overall aim of the supported community living program is to improve the quality of life for people with psychiatric disability by enabling them to live in the community with similar choices, opportunities and responsibilities as other members of the community.

This policy focuses on the aspects of the supported community living program that assist people to establish and maintain a home in the community. The document establishes program objectives and principles to guide service development (see sections 4.0 and 5.0). The range of existing supported community living services is also described along with new initiatives to increase the range of services provided and further develop the quality and accessibility of the program (see section 7.0).

Several terms to describe services within the supported community living program are used in this policy. An explanation of these terms is given in the glossary.

2.0 Policy Context

As recognised in the report *Addressing Homelessness in Western Australia* (State Homelessness Taskforce 2002), addressing the various forms of homelessness requires a range of responses by a number of organisations and government departments.

Along with a number of other recommendations, the Taskforce noted the continued need to develop housing options for people with a psychiatric disability and the government has subsequently funded the Department of Housing and Works to provide additional housing for these people. The contribution of clinical services to preventing the various forms of homelessness was also acknowledged. As a consequence, additional funding has been provided to increase services to youth with mental disorders and specialist consultation to non-government youth service providers.

This policy focuses on assisting people to establish and maintain a home in the community. Other aspects of supported community living such as vocational rehabilitation and employment are not included in the policy at this time. The Office of Mental Health is currently working with all stakeholders to extend this policy framework to the full range of rehabilitation and support services needed to help someone with psychiatric disability to live a fulfilling life.

3.0 Target Group

The supported community living policy and program is for all Western Australians with a persistent psychiatric disability who require support to live in the community. This includes Aboriginal people, Torres Strait Islanders and people from a range of other cultural and ethnic backgrounds. It also includes people with a range of psychiatric disabilities and people who have a psychiatric disability along with another condition such as using alcohol or other drugs, a physical disability or an intellectual disability. The target group includes people who are referred from public and private services.

The supported community living program gives priority to people who are, or are at risk of, a form of homelessness. This can include people who are living in a range of situations including sleeping rough, living in stop-gap accommodation or having insecure or marginal housing (State Homelessness Taskforce 2002).

The supported community living policy and program is for all Western Australians with a persistent psychiatric disability who require support to live in the community.

4.0 Policy Objectives

The objectives of the supported community living policy and program are to:

- Improve the quality of life for people with psychiatric disability by enabling them to live in the community with similar choices, opportunities and responsibilities as other members of the community;
- Provide support services to ensure people with psychiatric disability can establish and maintain high quality, safe, and secure homes in the community;
- Improve access to housing and support which is appropriate to the diverse individual and cultural needs of people with psychiatric disability; and
- Ensure that services such as hospitals are not used as a substitute for a lack of appropriate supported community living services.

5.0 Guiding Principles

The supported community living program:

- promotes maximum independence and decision making by people with a psychiatric disability;
- provides support flexibly so that, wherever possible, the person remains in the community and the level of support is adjusted to meet their changing level of need;
- coordinates service provision within and across government and non-government agencies;
- minimises the consequences of acute mental illness, such as being hospitalised, on security of tenure and community involvement;
- operates in accordance with contemporary standards including the *National Standards for Mental Health Services* (Commonwealth of Australia 1997) and relevant national and State regulations; and
- is accessible to a diverse range of people with psychiatric disability. This includes people of different age, gender, culture, family composition, geographic residence and varying levels of disability.

6.0 The Need for Further Supported Community Living Services

There are currently some limits on the capacity to quantify the need for supported community living services. Despite these limitations, different sources of information indicate that there is an unmet need for these programs in Western Australia. This includes the following information.

- A survey of Western Australian Supported Accommodation Assistance Program (SAAP) services in December 1999 found that there were 118 clients with diagnosed mental illness who had resided in services for longer than three months. The agencies surveyed reported that the lack of suitable alternative accommodation and support services were the main reasons for people with mental illness not being able to move on from these short term crisis services.
- Department of Housing and Works waiting lists indicate that there are up to 400 people with mental illness seeking long term accommodation.
- There are approximately 100 people with high levels of disability residing in psychiatric hospitals because there are insufficient supported community living options that can meet their needs.
- Over 500 people are currently living in psychiatric hostels and group homes. Research indicates that, while many of these people express a preference for living in this setting, some would prefer to live in alternative accommodation (Centre for Mental Health Services Research 2001).
- *Making a Commitment* (Smith et al. 1996) estimated that there were 600 people who could be successfully housed in independent or shared accommodation with external support. Since *Making a Commitment* was published over 400 people have been supported through the Independent Living Program. However, demand continues to exceed availability and the current waiting list is over 320.
- A survey of metropolitan mental health units suggested that up to 27.9 percent of the inpatients present, at the time of the survey, had needs that could be addressed through the provision of community based clinical services together with a range of community based accommodation and support services. This included 4.3 percent of inpatients who had no acute symptoms but had accommodation and/or financial problems (Accommodation Reference Group 2001).
- Consultations with people with mental illness, their carers and service providers identified problems with effective service co-ordination. Inadequate discharge planning for a person leaving inpatient treatment was most often raised as a problem. Other problems occur with inadequate information exchange between clinical services, non-government providers and the Department of Housing and Works (Cefalo 1999).
- Consultations with carers and carer support agencies indicate that there is a need for additional support and respite services, particularly in rural and remote areas (WAAMH 2001).
- Feedback from service providers, clinical services and WAAMH indicate that, while appropriate services are available for people with low support needs, there is a need to develop services for those with higher support needs (Cefalo 1999).

Different sources of information indicate that there is an unmet need for these programs.

In summary, while significant progress has been made in supporting people to live in the community, there are several issues that need to be addressed to improve the program. These issues include the:

- demand for supported community living services exceeding availability;
- need for services for people with moderate to high support needs;
- need for effective service coordination and continuity of care between the service providers; and
- need for improved carer support throughout the State.

7.0 Providing a Comprehensive Supported Community Living Program

The main focus of this policy is assisting people with psychiatric disability to establish a long term, stable home. A secondary focus is providing supported accommodation to prevent hospitalisation due to social crisis or lack of housing.

There are several issues that affect the operation of the entire program and these will be discussed prior to specific types of services that comprise the program.

Service Access, Coordination and Quality

There will be an ongoing challenge to match the demand for supported community living services to the capacity to provide additional services, reflecting both the availability of suitable and affordable housing as well as the capacity to establish and expand disability support services. The Department of Health (DoH) will continue to work with the Department of Housing and Works to maximise access to suitable properties and to ensure appropriate use of available land. The DoH will also continue to fund in-home community support for people who access housing from other sources.

Establishing systems that will ensure priority access to individuals with the greatest need is another strategy to make best use of available program resources. This task is being undertaken by the Community Accommodation Planning Process (CAPP). CAPP has developed a framework for determining individuals' priority of access to community accommodation services and for determining the level of demand. It will identify specific accommodation support requirements to meet demand and the expressed preference of individuals, within available resources. A funding model for the provision of support services is another outcome of the project. This process will also help to ensure that Aboriginal people and people from other culturally and linguistically diverse backgrounds have equitable access to the program.

The fluctuating nature of mental illness requires that levels of support services change to match the person's needs. Support providers will continue to be required to provide flexible and responsive services. The capacity to deliver flexible and responsive services will continue to be a principle in the development of new services.

Quality assurance will continue to be a priority for all aspects of the supported community living program. A range of quality assurance measures is already in place including service agreements and agency self-assessment. Service agreements specify the type and level of service required and include reference to appropriate standards and regulations. The DoH has also begun working with WAAMH to adapt the *National Standards for Mental Health Services* (Commonwealth of Australia 1997). These adapted standards will apply to Office of Mental Health funded services provided by non-government organisations.

In accordance with the *Mental Health Act 1996*, independent reviews of service delivery will be undertaken periodically by the Office of the Chief Psychiatrist. These reviews will be in consultation with service providers and provide an opportunity to recognise good practice and, where appropriate, facilitate improvement in standards and practices.

The development of formal protocols and operational guidelines is also a useful approach for programs that involve the coordination of several sectors and agencies around the needs of individuals. These approaches have been used within the supported community living program and will continue to be developed where they can improve service delivery for people with a psychiatric disability. Particular applications are outlined in the following description of program developments.

Individual care planning is another important strategy to ensure that adequate levels of service are provided by all agencies involved with a person. These plans are the responsibility of the clinical service, general practitioner or private psychiatrist and need to be developed in consultation with the person and other support providers. Plans should identify outcomes that individuals want, actions to be taken and the agencies responsible for these tasks. Regular review is also essential, especially when a person's circumstances or level of disability changes.

Consumers and carers identify inadequate preparation for discharge from hospital as a major problem. Improved liaison between inpatient and community clinical services is needed to ensure that effective individual care planning occurs. Standards relating to this issue are included in the *National Standards for Mental Health Services* (Commonwealth of Australia 1997). The Office of Mental Health will continue to promote discharge planning through the implementation of these Standards throughout the State. The issues associated with discharge planning were recognised in *Addressing Homelessness in Western Australia* (State Homelessness Taskforce 2002) and funding has been allocated by government to enable people leaving temporary and non-government services to receive active assistance and rehabilitation to enable them to remain in long term accommodation. To progress this, the Office of Mental Health will survey the needs of people with a mental illness in emergency accommodation in the metropolitan area. The results of this survey will be used to develop models to enable these people to secure and maintain long term accommodation such as that provided through the Department of Housing and Works.



Advocacy - Individual and Systems

Not all people with psychiatric disability rely on services funded through the Office of Mental Health. Many people obtain treatment, rehabilitation and support services from private mental health providers, through other programs such as Home and Community Care (HACC) or through their network of family and friends. Similarly, properties may be secured through private landlords, general Department of Housing and Works properties, non-government agencies and private home ownership. It is important that the supported community living program continues to assist people to use these mainstream services. This maintains people's independence and stability and it also allows mental health funding to be directed to people who could not live in the community without considerable support.

There will be continued systems advocacy to ensure that people with a psychiatric disability have access to mainstream health, disability support and housing programs and services. This advocacy includes the adaptation of policies and practices to meet the needs of people with psychiatric disability.

Individual advocacy includes supporting the person in negotiations with agencies such as landlords and facilitating access to mainstream support and legal services. Individual advocacy will continue to be supported through non-government organisations and clinical service providers.

Rural and Remote Service Provision

One issue that frequently confronts rural and remote areas is the difficulty of establishing non-government organisations to provide support services. In some instances, this may mean that the services that are normally provided by the non-government sector are provided by public mental health services until a suitable agency can be identified. Alternatively, community development may be undertaken within rural and remote regions to identify or develop suitable non-government agencies.

The DoH will maintain a flexible approach in developing services for rural and remote areas to ensure that people living in these areas are not disadvantaged.

7.1 A Home in the Community

As with other members of the community, people with mental illness have a range of preferences about their homes. The programs described below are designed to be flexible and allow people to have a choice about their preferred living situations, within available resources. This may include a range of situations including living alone or in cluster or shared housing.

The Independent Living Program

The Independent Living Program (ILP) enables people with psychiatric disability to rent Department of Housing and Works properties that are managed by supportive landlord agencies. Supportive landlords lease these properties to people with psychiatric disability and are subsidised to provide services that assist in establishing and maintaining stable housing. People living in these properties also receive support services from non-government agencies and clinical services from public or private mental health providers.

In the ILP the type of support offered varies according to the needs of the person and their carers. It may include disability support, psychosocial support, recreational and social support and respite. The level of support historically provided through these services is primarily suited to people with low to moderate support requirements. A survey of providers showed that the majority of ILP residents were receiving ten or less hours of support per month.

The Independent Living Program will continue to grow throughout the State but with greater emphasis on increasing the levels of disability and social support so that it can properly meet the needs of people with greater levels of disability. Program growth will continue to be guided using existing processes with the Department of Housing and Works and other stakeholders.

In-Home Community Support

The in-home community support component of the supported community living program is the same as the ILP with the exception that the person already has a place to live. This can include living on their own or with a carer.

In-home community support services will continue to be expanded across the State. Like the ILP, greater emphasis will be given to ensuring that in-home community support services are appropriate for all people with a psychiatric disability including those with higher support needs than those currently using these services.

Carer Respite and Support

Carers provide a valued role in supporting people with psychiatric disability to live in the community and one of their needs is for respite from this role from time to time. This is provided through helping the people with a psychiatric disability participate in social and recreational activities outside the home and going on holiday. Where the person is uncomfortable leaving their home, in-home care is provided that allows the carer to take a break. Occasionally short term residential care is provided to allow carers respite, but the preference is to provide services that are similar to the experiences of other members of the community.

Information about mental illness and support to help adjust to the stresses of becoming a carer are provided by non-government organisations such as the Association of Friends and Relatives of the Mentally Ill (ARAFMI) and clinical mental health services.



All forms of carer support and respite will continue to be expanded and the DoH will work with other Commonwealth and State funded carer support services to ensure access for carers of people with psychiatric disability. New carer support services have focused on families where mental illness has been recently diagnosed, rural and remote carers and improving access for culturally and linguistically diverse carers.

Some carers wish to reduce their caring role due to aging or the capacity of the person with a psychiatric disability to live more independently. The expansion of the supported community living program will enable this transition.

Licensed Psychiatric Hostels and Personal Care Support

Congregate care in large settings, such as hostels, has generally not been found to promote independence and community involvement. This is, in part, due to an assumption that the hostel should cater for all an individual's needs. The future development of this sector will focus on improving standards of care for residents within the hostel. Future development will also focus on ensuring that clinical treatment and rehabilitation services maintain or increase their involvement based on individualised plans. These external multidisciplinary services provide an approach that complements the personal care services provided within the hostels and can assist people make social, recreational and vocational links outside the hostel. As with people receiving other supported community living services, hostel residents need individual care planning provided by their clinical service, general practitioner or private psychiatrist.

The Office of Mental Health will continue to work collaboratively with other agencies to facilitate hostels meeting, or exceeding, each of the relevant Standards. These agencies include the Department of Health's Licensing Standards and Review Unit (LSRU) and the Office of the Chief Psychiatrist. The LSRU has developed and implemented a set of Licensing Standards consistent with the *Hospitals (Licensing and Conduct of Private Psychiatric Hostels) Regulations 1997*. These Licensing Standards include a focus on the physical environment of the hostel. The Chief Psychiatrist, under the *Mental Health Act 1996* is required to monitor standards of care and his Office has developed Care Standards that licensed psychiatric hostels will be assessed against. These are consistent with the *National Standards for Mental Health Services (Commonwealth of Australia 1997)* and detail outcomes standards for people living in hostels. The Council of Official Visitors (COV) also has a role under the *Mental Health Act 1996* to ensure that the rights of people living within hostels are not compromised.

As with other private businesses, licensed psychiatric hostels periodically change management and, in some instances, cease trading. Contingency plans have been established to ensure that residents of hostels are offered appropriate alternative accommodation if a hostel closes.

Contemporary Services for People with Moderate to High Support Needs

Feedback from service providers, clinical services and peak bodies indicate that the available service types match the needs of less disabled people and that increasingly the need is to develop models for those with high levels of disability. A priority is to help people living in hospitals or other inappropriate settings move to a stable and suitably supported home so that they may begin

to develop social connections in the community. Wherever possible, within the economic constraints of the supported community living program, individual preferences about location, style and community supports will be accommodated.

Several initiatives have recently been introduced for people with high support needs.

Southern Cross Aged Care has been selected through a public tender to provide residential care for 16 older people with very difficult behaviours. These people are eligible for nursing home care but cannot be managed by existing services due to the severity of their behaviours and remain long term residents of acute inpatient units. During 2002/03 two services have opened in Shelley and Success. Over time each service will accommodate eight people and be located within a larger aged care facility so that people can be transferred if their behaviours become more manageable. For some, the progression of dementia will result in them becoming too physically frail to require behavioural management in a specialised setting and their needs will be for physical care.

A joint Department of Health and Disability Services Commission program has established homes for a small number of people with both intellectual and psychiatric disability. The service is coordinated through the Disability Services Commission and provides disability and recreation support along with carer respite. The DoH will continue to work with the Disability Services Commission to develop service models so that people with both intellectual and psychiatric disability identified in both systems receive appropriate support.

An intensive support service began in 2001/02 for a small group of highly transient people with high support needs living in the metropolitan area. Providers engage people where they currently live and work with them over time to help them to acquire skills to maintain long term housing and participate in community life. The providers are Daughters of Charity and Derbarl Yerrigan Health Service.

The long term residents of Whitby Falls Hostel are currently making the transition to more independent community living. An extensive process of individualised planning for the future has occurred that combined clinical treatment and rehabilitation information together with information obtained from detailed discussion with the person and their families regarding their needs and preferences. The Departments of Health and Housing and Works have identified suitable property in the area requested and houses will be built as required. Most people will be able to live on their own or with one or two others with disability support services being provided by an external agency. Some severely disabled people will require 24 hour support and this will be provided, either by someone being available in the house or located very nearby and, perhaps, supporting a small cluster of houses. Ongoing clinical support will be provided by the local mental health service.

Several initiatives have recently been introduced for people with high support needs.

A similar process is currently being used to determine the needs and develop community accommodation services for severely disabled people who are living in Graylands Hospital. These people often have multiple disabilities and challenging behaviours that require high levels of support. This program, called Community Options 100, is a four year specialist program supported by accommodation and support funding allocated by Government. The program will be supported through the redirection of resources from services that, as a result of this program, are not required in the longer term.

7.2 Crisis and Interim Accommodation

While the priority for the supported community living program is to help people leave crisis accommodation and establish a stable place to live, the DoH recognises the importance of residential crisis and interim accommodation for people with psychiatric disability.

Several non-government services are funded to provide short term accommodation to avoid hospitalisation due to social crisis and to enable discharge from hospital when the person is clinically ready but does not have a home to go to. Services are for adults and are located in Geraldton, Rockingham, Bentley, Swan and Westminster. Each service can take six people.

Rural and remote mental health services have funds that are used to purchase crisis and interim housing as required, for example, by using hotels and motels. These services are known as Flexible Accommodation Services and they prevent people having to move away from their family, friends and community.

People with psychiatric disability also use the Supported Accommodation Assistance Program (SAAP) services funded by the Commonwealth and Department for Community Development (DCD). Protocols have been developed between the DoH, SAAP services and DCD to ensure that clinical and other support services are available to people with mental illnesses to help them move

The priority for the supported community living program is to help people leave crisis accommodation and establish a stable place to live.

on to more stable housing. The DoH will continue to provide support to SAAP services in accordance with the protocols.

A further initiative to help the long term residents of some of the inner city SAAP services is the introduction of the Inner City Hostels Project. This service is provided by a non-government organisation working with the Inner City Mental Health Service and helps residents to gain skills and confidence that will enable them to move into more independent living such as the ILP or mainstream housing. People will continue to be supported once they are living more independently.

8.0 Implementation and Monitoring

This document provides detail about a range of different services and strategies, included in the supported community living program, that assist people to establish and maintain a home in the community. As described in the policy, the current status of the various program components varies. The program includes: services that have been operating over time and a change in emphasis is signalled in this policy; services expansions; services that are being developed; and advocacy and liaison to ensure that the services provided by a diverse range of organisations are appropriate to the needs of people with a psychiatric disability.

Statewide strategic planning occurs annually, or as required, to ensure an appropriate distribution of supported community living services. These processes involve a range of stakeholders such as clinical services, the Department of Housing and Works, support providers, consumers and carers. Updates on these implementation processes are regularly provided to peak agencies so that interested groups are informed of program developments. Future development of new services and strategies will be consistent with the objectives, principles and directions of this policy.

The supported community living program will be monitored to ensure that the program continues to be appropriate for people with a psychiatric disability and that services are consistent with the objectives, guiding principles and directions articulated in this policy.





Glossary and Abbreviations

The following descriptions and definitions relate specifically to the use of the terms in this policy.

Carer: A person, such as a friend or relative, who has a caring role with a person with psychiatric disability. In this policy, the term carer does not include people who are employed to provide care for a person with psychiatric disability, such as people employed through government and non-government agencies.

Clinical Treatment and Rehabilitation Services or Clinical Services: Clinical treatment and rehabilitation services are available throughout Western Australia and are provided by health professionals employed through public mental health services. Services may be provided within hospital, in community settings or through outreach to people in their homes. Clinical services are also provided by private organisations and practitioners. In accordance with the *National Standards for Mental Health Services* (Commonwealth of Australia 1997), clinical treatment and rehabilitation services should operate in a way that provides continuity of care for the person and a single point of contact for support services.

DoH: Abbreviation for the Department of Health.

Homeless/Homelessness: This document adopts the definition of homelessness used in the report *Addressing Homelessness in Western Australia* (State Homelessness Taskforce 2002).

There are three broadly accepted categories of homelessness. These include primary, secondary and tertiary homelessness.

Primary homelessness or sleeping rough: People without conventional accommodation, such as people living on the streets, in parks, squatting in vacant buildings or using cars or makeshift dwellings.

Secondary homelessness or stop gap accommodation: People who move frequently from one form of transitional shelter to another. This group includes: people using emergency accommodation, such as hostels for the homeless, or night shelters; young people staying in youth refuges; women and children escaping relationship and family violence, staying in women's refuges or alternative supported accommodation options; families residing in externally supported accommodation options; and people residing temporarily with other families, acquaintances and friends because they have no accommodation of their own.

Tertiary homelessness or insecure tenure/marginally housed: People whose living arrangements do not provide them with security of tenure as provided by a lease, or who are living in accommodation that is unsafe or harmful to their health. Such accommodation might include some boarding houses, caravan parks, rooming houses or special accommodation houses. It is also recognised that some people actively make a lifestyle choice to reside in boarding houses, rooming houses and caravan parks and should not be considered as either

homeless or marginally housed. The concern in this situation is when there are no other options and there is insecurity of tenure. Women, children, young people and seniors living in situations of family violence also fit into this category.

Independent Living: Living within the community with an appropriate level of individual choice and control. This may include receiving flexible and responsive support services to assist in living in the community. Independent living includes a range of living options, including where a person chooses to share accommodation and where a person chooses to live alone.

Individual Care Planning: A set of goals collaboratively developed by the person with mental illness, the mental health service and other organisations involved in providing services to the person. The individual care plan sets the direction for treatment and support, identifies necessary resources and specifies outcomes for the person.

Mental Illness: A diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities. There are different types and varying degrees of severity of mental illness, including depression, anxiety, bipolar disorder and schizophrenia.

Mental Health Services: Specialised health services for the treatment and support of people with mental disorders.

Psychiatric Disability: An impairment in functional performance and activity that may result from a mental illness or disorder. The occurrence of a mental illness may or may not result in a significant level of disability. People with mental illness may have varying levels of psychiatric disability and a person's level of disability may change over time.

Rehabilitation Services: Services which aim to reduce functional impairments that limit independence. Rehabilitation is focused on the promotion of personal recovery to as close to normal function as possible. Rehabilitation also includes the prevention of illness relapse.

Respite Services: Respite services allow carers to have a break from caring. They include respite provided in the home of the person with the mental illness and holiday programs that enable the person to have a holiday from home. Recreation and social programs also have the dual benefit of providing respite for carers while also providing recreational and social opportunities for the person with psychiatric disability.

SAAP: Abbreviation for Supported Accommodation Assistance Program services funded by the Commonwealth and Department for Community Development (DCD).

Social Crisis: A crisis resulting from social factors that leaves a person without a home or having to temporarily move out of home until the crisis is resolved. It is distinguished from a clinical crisis whereby clinical intervention is required.



References

Supported Community Living Program: The comprehensive program provided by the Department of Health that aims to enable people with psychiatric disability to successfully live in the community. Many of the services that make up this program are described in this document.

Support Services: Support services assist people to develop skills to maximise their ability to live in the community. These services include support in the development of skills to maintain relationships, access community services and undertake the full range of activities of daily living. These services are generally provided by non-government providers. Disability, psychosocial, recreational and social support are terms used to describe particular types of support services.

Disability support refers to help provided to people to enable them to manage a wide range of self care tasks necessary for daily living and managing a house.

Psychosocial support is help provided to enable people to meet a range of self care and social and emotional needs. It includes activities such as problem solving, counselling and developing social networks as well as self care tasks.

Recreational support assists people with psychiatric disability participate in recreational activities that interest them.

Social support services increase social networks through assisting a person with psychiatric disability to mix with other people. They are an important component of the supported community living program as a potential problem with contemporary models is that a person can feel isolated if insufficient attention is given to helping them make social connections (Parkinson et al. 1999).

Supportive Landlord Services: Supportive landlords provide landlord services that are appropriate to the requirements of people with psychiatric disability. Supportive landlord services include assisting clients to manage rental payments, organise essential furniture and appliances, and manage tenancy issues that impact on neighbours. Where a property is provided through the supported community living program, the person's preferences are considered within reasonable economic limits. These preferences may relate to security, privacy, location and personal space. This approach is consistent with the evidence that consideration of people's individual preferences will lead to greater success in establishing successful tenancies and reductions in the rate of hospitalisation (Robson 1995).

WAAMH: Abbreviation for the Western Australian Association for Mental Health.

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