

REFERRAL PRACTICES TO SUPPORTED RESIDENTIAL SERVICES



PROGRAM MANAGEMENT CIRCULAR – MENTAL HEALTH

The purpose of this program management circular is to promote appropriate referral practices to Supported Residential Services. The circular applies to all public specialist mental health services referring a current client to a Supported Residential Service.

What is a Supported Residential Service?

Supported Residential Services (SRS) are generally privately owned and operated facilities that provide accommodation, housekeeping, meals and special or personal care services. In most cases they do not receive direct funding from Government.

The Department of Human Services (DHS) licences the Proprietor of an SRS and regulates their activities through the *Health Services Act 1988* (the Act) and the *Health Services (Supported Residential Services) Regulation 2001* (the "Regulations").

There are currently 218 SRS throughout Victoria that fall into two broad sectors:

- the above-pension sector with a population of older, frail adults; and
- the pension-level sector with a population of adults with a disability (particularly psychiatric disability, intellectual disability and acquired brain injury), chronic health problems, problematic drug and alcohol use, and sometimes with a history of homelessness.

What type of services do SRS provide?

In keeping with the Regulations, each SRS is required to employ a personal care co-ordinator who is responsible for the co-ordination and continuity of the care for residents. The minimum qualification for the personal care co-ordinator is a Certificate III in Community Services (Aged Care Work/Personal Carer) or equivalent.

The staffing requirements for SRS are one special or personal care worker for every 30 residents or part there of during the day (this person may be the personal care co-ordinator) and an additional special or personal care worker for every additional 30 residents or part there of.

Special or personal care means:

- Assistance with one or more of the following:
 - Bathing, showering or personal hygiene
 - Toileting
 - Dressing or undressing
 - Meals
- Physical assistance for persons with mobility problems or assistance for people who are mobile but require some form of supervision or assistance,
- Assistance or supervision in taking medication
- Provision of substantial emotional support

The Regulations require that the Proprietors develop and implement care plans for all residents of the SRS.

SRS and the Area Mental Health Services

SRS currently provide an important accommodation option for many people with a mental illness who do not have other accommodation options, and who would have difficulty caring for themselves.

Increasingly, SRS with fees set at the level of the pension are reporting that people with complex needs are forming a significant part of their client group. Just over half of the residents of pension-level facilities have a mental illness, and many will also have other disabilities such as those resulting from an acquired brain injury and/or drug and alcohol problems. This group is more disabled and their needs more complex than those of the older frail population to whom SRS were providing a service ten or more years ago.

Consideration should be given to whether an SRS is the most appropriate placement for an individual given the level of care that is able to be provided, the qualifications of staff, relatively low staffing levels and the sometimes high number of residents living in the one setting.

If mental health services wish to continue to refer to SRS it is important that mental health services support the SRS staff in their care of the client.

Referral processes to an SRS

Mental health services should provide information in writing about the client's illness, disability and care needs to the SRS proprietor. A standard pro-forma for use for all referrals to SRS is currently being developed and trialled. A copy of this pro-forma is attached for your information, which you are encouraged to use.

Consent from the client (or if they have one, their guardian) must be sought before providing information to the SRS. Any information provided should be within the provisions of section 120A of the *Mental Health Act 1986*.

Services should aim to provide the following information.

- Name of referring service
- Contact name and phone number of case manager
- Contact name and phone number of Crisis Assessment and Treatment team (and/or other 24 hour contact details)
- Other key contacts (eg: family members, other services)
- Client diagnosis
- Medication – name, doses and frequency
- Any behavioural issues or medical condition which are likely to cause difficulties in or to the SRS and guidance on appropriate action if such behaviour or condition arises.

Providing the information significantly assists the SRS proprietor or manager to provide a service to the client and to meet his or her obligations under the *Health Services Act 1988*.

Referring to an SRS out of area

If a referral to an SRS located outside the referring service's catchment area is made, the referring service should:

- Make a referral for transfer to the local mental health service and maintain clinical responsibility until the transfer is effected.
- Notify the manager of mental health service of the area in which the SRS is located, before the person moves into the SRS.
- Record the new and referring case manager's names on the referral sheet.
- Provide a copy of the referral sheet to the new case manager.

SRS vary significantly in quality, cost, size and the type of support available. When referring out of area, it is suggested that you visit the SRS to ensure that it is suitable. At a minimum, you must speak to someone in the relevant area mental health service as to the level and quality of support that can be provided.

Ongoing Support

Decisions about when to discharge a person from the mental health service should be based on the needs of the person and availability of other supports. However, it is important that the mental health service remain involved in the care and support of the person they refer to the SRS until the person has settled in and the manager or proprietor is comfortable that the person's needs are able to be met by the general practitioner and other services. The area mental health service should also give consideration to providing ongoing secondary consultation and support to the SRS, particularly if there are a number of people with a mental illness residing in the SRS.

Consideration should also be given as to what other services may benefit the person referred to the SRS and should therefore be engaged, for example:

- Psychiatric Disability Rehabilitation and Support Service – home based outreach support and day programs
- Home and Community Care – social support
- Adult Activity Centres
- Community Health Services for general health care, including dental care.