

the sector speaks

SCC community options mental health program

A move from its traditional business of aged care into the provision of residential mental health services has proven to be a success for Southern Cross Care in Western Australia.

Having forged a reputation as a leading provider of aged care and dementia care services, in 2009 Southern Cross Care made a bold move to commence the Community Options mental health program to provide an alternative to hospitalisation for those with persistent mental health conditions.

Developed in response to an identified need for long-term residential accommodation for people who were in open wards in mental health facilities, the Community Options Program is a partnership with the WA Mental Health Commission and the Department of Housing.

“However, close links with the teams from the hospitals, carefully thought-out resident selection processes and key staff on each site have made the process work really effectively.”

Residents are now encouraged to participate in daily routines in their homes and their local community, rehabilitation programs, recreation and leisure options, maximising their independence and community connections as much as possible. Three residents from the Mount Claremont site have also been able to obtain part-time supportive employment.

June (not her real name) is a shining example of how the Community Options Program can benefit people with mental illnesses.

“Despite some sceptics saying the program would never work, it has been a wonderful success ...”

Unique in Western Australia, the Community Options Program identifies potential residents in psychiatric facilities in the metropolitan area and places them in community-based, supported accommodation in which their care and social needs are catered for.

Each of the three properties comprises two single-storey houses with seven or eight bedrooms. All residents have their own bedroom, with common living space that allows for a number of shared activities. Consideration for privacy has been included in each house with space set aside for residents to receive visitors in private, along with areas for staff.

“Having these people move from being patients in an institutionalised environment to a supportive, community-like environment where they are seen as people with aspirations, goals and a greater sense of worth has had a tremendous impact on their lives,” said Linda Locke, Southern Cross Care’s Manager of the Community Options Program.

The success of the program is due, in large part, to a dedicated team and strong links with the clinical staff of the referring hospital.

“Taking patients from a hospital setting that they have called home for 15–20 years and then putting them in a house in a different location is hard enough, but then to add regular close contact with other people they may have never been exposed to had the potential to cause issues,” said Linda.

Currently 56 years old, June’s first admission into Graylands Hospital was at the age of 21. She had various hospital admissions over the years until 2002, when it was decided that she would be taken into Graylands Hospital as an involuntary long-term rehabilitation inpatient.

In March 2009, June started to attend Mt Claremont Community Options house on day leave from Graylands Hospital. In July 2009, June moved into Mt Claremont and has never needed an admission back to Graylands. Having lived in a hospital environment for so many years, June presented with a lot of institutionalised behaviours. Staff worked very hard to build positive working relationship with June and help her re-learn all the life skills that she had lost.

Staff were able to acknowledge June’s illness, identify the areas with which she needed support and, above all, show her empathy and respect. Two years and two months have now passed and June now identifies Mt Claremont as her home for life.

Staff continue to help June manage the challenges that her illness can pose on a daily basis. June’s brothers have spoken to staff on several occasions, commenting on “how great she is doing living at Mt Claremont” and that this is “as well as we have seen her in over ten years”. Visits by June’s family have increased substantially due to this.

The government-appointed Council of Official Visitors reported: “I have known June for many years and was delighted to see how well and happy she now is.”

stuart flynn
CEO, southern cross care WA

June is now working in supported employment and has been for many months. This is the first job that June has had since she was 17 years old. She also volunteers once a week at a horse—riding school, which mainly deals with children who have physical and intellectual disabilities.

Despite some sceptics saying the program would never work, it has been a wonderful success for Southern Cross Care (WA), which saw it as a natural extension of our 'standard' services. Whilst it is a different target group and a slightly different support model and philosophy, the idea of creating a home-like place for people to live where we can provide them with support is a concept that we are very comfortable with, so the program naturally appealed to us.

"A very enjoyable visit, it was great to see the ex-Murchison patients looking so well and obviously happy with their new life. Full support is given to residents on all levels and residents spoken to confirmed this. It was great to hear that a female resident had secured employment recently and staff were providing transport to and from work."

There are many changes to the Western Australian mental health system on the horizon. The style of accommodation and support provided in the Community Options Program will become an important part of the future suite of services in the sector. Innovative programs like this work. They work for the residents, their families, the funding body and for the organisation delivering care and support. We

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Our success has been mirrored in the feedback we get from the residents, their families and our staff. It is also, of course, a further demonstration of our commitment to the most disadvantaged and marginalised.

The results of the program have also resonated with government agencies. Organisations such as the Council of Official Visitors have been very complimentary:

would like to build on this highly successful model into the future because I believe we have a program here that can potentially assist us to get a lot more long—stay patients out into the community.



Linda Locke, Manager Community Options Program