



Australian Government

**Department of Families,
Housing, Community Services
and Indigenous Affairs**

Part C1:

**Personal Helpers and Mentors Guidelines
under the Targeted Community Care (Mental Health) Program**

April 2013

Preface

These guidelines provide the framework for the implementation and administration of Personal Helpers and Mentors Activity under the Targeted Community Care (Mental Health) Program (the **Program**).

The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (**FaHCSIA** or the **Department**) has a suite of documents (the **Program Guidelines Suite**) which provide information relating to the Program. The Program Guidelines Suite provides the key starting point for parties considering whether to participate in the Program and form the basis for the business relationship between FaHCSIA and the funding recipient.

The Program Guidelines Suite consists of the following documents:

Part A: Targeted Community Care (Mental Health) Program Guidelines which provide an overview of the Program and the activities relating to the Program.

Part B: Information for Applicants which provides information on the application, assessment, eligibility, selection and complaints processes; and financial and funding agreement arrangements.

Part C1- Application Information for the Personal Helpers and Mentors Activity which provides specific information on the activity, selection processes, performance management and reporting. This part should be read in conjunction with the [Terms and Conditions of the Standard Funding Agreement](#).

Part C2 - Application Information for the Mental Health Respite: Carer Support Activity which provides specific information on the activity, selection processes, performance management and reporting. This part should be read in conjunction with the [Terms and Conditions of the Standard Funding Agreement](#).

Part C3 - Application Information for the Family Mental Health Support Services Activity which provides specific information on the activity, selection processes, performance management and reporting. This part should be read in conjunction with the [Terms and Conditions of the Standard Funding Agreement](#).

The **Application Form** which is completed by Applicants applying for funding during a selection process.

FaHCSIA reserves the right to amend these documents from time to time by whatever means it may determine in its absolute discretion and will provide reasonable notice of these amendments.

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1 TCC PROGRAM OVERVIEW

The Targeted Community Care (Mental Health) Program (TCC Program or the Program) commenced in 2006 following a Council of Australian Governments (COAG) agreement to a whole-of-government approach to mental health. The original measures (over five years to 2010–11) are now fully implemented and the three Activities under the Program are well established and achieving good outcomes for people with mental illness, their families and carers.

The three Activities funded under the TCC Program are:

- Personal Helpers and Mentors (PHaMs)
- Mental Health Respite: Carer Support (MHR:CS), and
- Family Mental Health Support Services (FMHSS).

The TCC Program is contributing towards the Government's mental health agenda, by providing services that are designed around the support needs of people with mental illness, their families and carers, and that work together to help people with a mental illness live well in their communities.

The services delivered under the TCC Program are seen as an important component of the broader mental health service system, complementing other Commonwealth and state clinical and non-clinical services that aim to increase the ability for people with severe mental illness to be fully participating members of their communities. Ongoing feedback from community mental health sector stakeholders has confirmed the importance of these community-based services in areas of prevention, early intervention and targeted support. Each Activity makes a substantial contribution through increasing access to services and improving service pathways and social inclusion.

In the 2011–12 Budget, the Australian Government announced a significant investment for a major expansion of all three TCC Program Activities, building on the successes of the previous five years. The Government allocated a total of \$269.3 million in its Mental Health Reform Budget measures that will see new services rolled out over the five years from 2011–12 to 2015–16. The number of FMHSS will double, the PHaMs workforce will increase by almost 50 per cent, and MHR:CS will be available for more than 1,000 additional carers of people with mental illness. The Government also introduced a new component of the PHaMs Activity to provide personal helpers and mentors to specifically help people with mental illness on, or claiming income support or the Disability Support Pension, who are also engaged with employment services.

In implementing the Budget measures, FaHCSIA will be:

- Increasing the number of intensive support services for people with severe and persistent mental illness who have complex care needs, along with their carers
- Targeting support to areas and communities that need it most, such as Indigenous communities and socioeconomically disadvantaged areas that are underserved, and
- Helping to detect potential mental health problems in early years, and supporting children and young people and families who struggle with mental illness.

1.1 TCC Program Outcomes

The TCC Program provides accessible, responsive, high-quality and integrated community-based mental health services that improve the capacity of individuals, families and carers to manage the impacts of mental illness on their lives and improve their overall wellbeing.

1.2 TCC Program Objectives

The objective of the TCC Program is to implement community mental health initiatives to assist people with mental illness and their families and carers to manage the impact of mental illness. The TCC Program will provide accessible, responsive, high-quality and integrated community mental health services that improve the lives of people with severe mental illness, provide support for families and carers of people with a mental illness, and intervene early to assist families with children and young people affected by, or at risk of, mental illness.

2 PERSONAL HELPERS AND MENTORS

2.1 Activity Overview

Through the Personal Helpers and Mentors (PHaMs) Activity, the Australian Government funds non-government organisations to provide assistance for people whose lives are severely affected by mental illness.

PHaMs provides increased opportunities for recovery for people aged 16 years and over whose lives are severely affected by mental illness, by helping them to overcome social isolation and increase their connections to the community. People are supported through a recovery-focused and strengths-based approach that recognises recovery as a personal journey driven by the participant.

PHaMs workers provide practical assistance to people with severe mental illness to help them achieve their personal goals, develop better relationships with family and friends, and manage their everyday tasks. One-to-one and ongoing support ensures the individual needs of the PHaMs participants can be addressed. They are assisted to access services and participate economically and socially in the community, increasing their opportunities for recovery.

There are 175 PHaMs services operating in geographically defined sites across Australia:

- 95 in metropolitan sites
- 69 in non-metropolitan sites, and
- 11 in remote sites.

PHaMs services have assisted more than 21,000 participants since the Activity commenced in 2007.

The 2011-12 Budget allocated an additional \$154 million over the five years from 2011-12 to 2015-16 for new and/or expanded PHaMs services to assist around 3,400 people with severe mental illness, through the engagement of 425 new personal helpers and mentors.

Of this funding, \$50 million is allocated to assist up to 1,200 people with a mental illness who receive the Disability Support Pension or other Government income support payments and are participating in, or willing to engage with employment services. PHaMs support will help these people address personal, non-vocational barriers to their participation in work or training.

Some PHaMs services are funded to provide specialist support to particularly vulnerable groups, either through funding for a targeted service or funding to deliver additional targeted services as part of an existing general service.

PHaMs Employment Services: These PHaMs services provide support for people with a mental illness receiving the Disability Support Pension or [other government income support payments](#) who are engaged, or willing to engage, with employment services and who have economic participation as a primary goal in their Individual Recovery Plan. Organisations are funded to provide specialist support and work with employment services, such as Disability Employment

Services, Job Services Australia, state-funded services and social enterprises, to assist PHaMs participants to address non-vocational issues that are barriers to finding and maintaining employment, training or education.

PHaMs Employment Services also work to increase the capacity of other PHaMs providers to better assist participants who wish to achieve an employment or training outcome. This could include assisting other PHaMs services to navigate the employment services system or training of other PHaMs staff. They also play a role in increasing the capacity of employment services to deliver better outcomes for job-seekers with a severe mental illness.

PHaMs Remote Services: In addition to supporting individual participants, organisations are funded to provide and build local capacity to deliver community mental health support in remote communities. The Department recognises that these services may need to be tailored to suit the specific communities in which they are delivered and arrangements are therefore negotiated on a case-by-case basis with each funded organisation.

Delivery of PHaMs in remote localities recognises and promotes the spiritual, cultural, mental and physical healing for Indigenous Australians living with mental illness in remote communities.

In order to support people with severe mental illness in remote communities PHaMs Remote Services:

- use a community development approach – this means support will be provided to individuals, as well as their support network including family, carers and the community
- use innovative service delivery models that build on existing local infrastructures and services
- train local people to undertake PHaMs team roles over time, and
- encourage the development of suitable activities to enable social inclusion and strengthening of family and community relationships for people participating in the service.

PHaMs Targeted Services for Vulnerable Groups: Some PHaMs providers are funded to target high-need vulnerable groups within the community. These vulnerable groups include Indigenous Australians, homeless people and humanitarian entrants. Arrangements for delivery of these services, including targeting, are negotiated on a case-by-case basis with each funded organisation.

2.2 PHaMs Aims

PHaMs takes a recovery approach to assist people whose lives are severely affected by mental illness to build personal resilience and sustainably manage the impacts of their illness. The four key aims are to:

- increase access to appropriate support services at the right time
- increase personal capacity, confidence and self-reliance
- increase ability to manage their daily activities, and
- increase community participation (both social and economic).

2.3 PHaMs Objectives

To support recovery, reduce social isolation and improve employment outcomes for people with severe and persistent mental illness by providing:

- intensive one-on-one support; and
- practical assistance to people with severe mental illness, to set and achieve personal goals such as finding employment, improving relationships with family and friends, and managing everyday tasks like using public transport or housekeeping.

3 SELECTION PROCESSES FOR PROVIDERS OF PHAMS

There are no selection processes currently open. There are also no selection processes planned for the remainder of 2012-13. When opportunities to apply for funding become available, they will be announced on the FaHCSIA website.

4 PHAMS ACTIVITY IN DETAIL

4.1 PHaMs Client Eligibility and Target Groups

PHaMs supports people with severe mental illness, whose capacity to participate in the social and economic life of their community is severely impacted by their mental illness.

PHaMs can assist people with mental illness whether or not they have a current formal clinical diagnosis. Funded service providers may encourage PHaMs participants to seek medical assistance through clinical mental health services if they are not accessing treatment, but cannot exclude participants who prefer not to.

PHaMs uses a functional rather than clinical definition to determine the severity or impact of mental illness. This is assessed using a functional assessment in the [Eligibility Screening Tool](#) (EST), specifically developed by the Department, that looks at nine life areas (see Section 3.2 of the [PHaMs Resource Kit](#) for further information). Funded providers are required to undertake an eligibility assessment of all potential participants to determine their eligibility for the service and to assess the extent to which their mental illness is impacting on their capacity to function in the community.

4.1.1 PHaMs Client Eligibility Criteria

To be eligible for PHaMs, persons must:

- 1) be aged 16 years or more¹
- 2) have a mental illness²

¹ Exception applies in remote services, which have no age restrictions.

² A current diagnosis of a mental illness is not a requirement for PHaMs eligibility.

- 3) experience severe functional impairment because of their mental illness³
- 4) be willing to participate in the service voluntarily and able to make an informed decision to participate
- 5) be willing to comply with health and safety policies of the service
- 6) agree to address any dual-diagnosed/comorbid drug and alcohol issues during the course of participation in PHaMs
- 7) reside in the coverage area of the PHaMs service where they are seeking support⁴
- 8) not be restricted in their ability to fully and actively participate in the community because of their residential settings (e.g. prison or a psychiatric facility), and
- 9) not be receiving or entitled to receive non-clinical community support similar to PHaMs through state or territory government programs.

4.1.2 Additional Client Eligibility Criteria for Specialist PHaMs Services:

For PHaMs Employment Services a person must:

- be in receipt of the Disability Support Pension or other government income support payment
- be engaged, or willing to engage, with an employment service, and
- be willing to include goals relating to employment in his/her Individual Recovery Plan.

For Remote Services – organisations may also work intensively with community and family members as an appropriate way of supporting people with a mental illness and to build local capacity to support people with mental illness.

For Targeted Services – a person must be within the prescribed target group for the relevant service type:

- Indigenous – a person, who is of Aboriginal or Torres Strait Islander descent, identifies himself or herself as an Aboriginal person or Torres Strait Islander and is accepted as such by the Indigenous community in which he or she lives.
- Humanitarian Entrants – people who hold or have held a humanitarian visa.
- Homeless – there are three kinds of homelessness:
 - Primary homelessness, such as sleeping rough or living in an improvised dwelling
 - Secondary homelessness including staying with friends or relatives and with no other usual address, and people staying in specialist homelessness services
 - Tertiary homelessness including people living in boarding houses or caravan parks with no secure lease and no private facilities, both short and long-term.

³ A score of three or more on the functional assessment indicates severe impairment. This criterion may not apply in remote services, where, for cultural reasons, the use of Section 7 of the EST may not be appropriate.

⁴ This criterion does not apply to homeless persons or participants of Remote Services. Mainstream PHaMs services may assist up to 10 per cent of participants from outside their nominated coverage area without seeking FaHCSIA approval. Participants may also transfer from one service to another if they move to another area or state or if they are having difficulties achieving their goals with the current provider, for example where the current provider does not have staff of the appropriate age or gender.

4.1.3 How to access PHaMs Services

PHaMs service providers are required to maintain open referral and access pathways into the service. Potential participants are able to access PHaMs through a broad range of entry pathways including self-referral, referral by friends and family or other community services. They do not require a formal referral from a community mental health or clinical service and do not need to be a registered state mental health client.

PHaMs service providers will work to ensure that assessment and intake procedures are person-focused, non-threatening and conducted at a pace that potential participants are comfortable with. This includes using outreach for initial meetings and assessment in familiar places such as a person's home or a local library/community centre.

Potential participants are able to contact services directly and can find PHaMs service provider details through the [FaHCSIA website](#).

4.1.4 What potential participants can expect

PHaMs provides increased opportunities for recovery for people aged 16 years and over with a severe mental illness whose lives and capacity to function in the community has been severely impacted by their illness. PHaMs focuses on people who find it difficult to navigate the range of services available to them in the community and may prefer not to engage with traditional services.

Recovery Approach: PHaMs services are expected to support participants using recovery-focused and strengths-based services. In PHaMs, recovery is about a personal journey that is driven by the participants' points of view, focuses on their strengths (what they can do), hopes, wishes, goals and achievements and provides ways for them to cope better within the confines of their illness, and equips them to overcome difficulties and challenges that they must face along the way.

Recovery means that participants learn ways to manage the difficulties in their lives, regain control and make choices and decisions for themselves, strive to achieve their goals, and develop skills to help them overcome future challenges.

FaHCSIA expects that each service will be tailored to meet the needs of the individual PHaMs participants who participate in the service. Services should be designed to take into account not just mental health issues but also any additional issues faced by people because of past experiences, trauma or disadvantage. Recovery services must aim to:

- provide reassurance of safety
- restore hope and meaning
- build connections and community strength
- promote human dignity
- demonstrate understanding and caring
- maintain a respectful and accepting attitude

- reduce the sense of isolation
- provide opportunities to share experiences
- reinforce capacity to problem solve and take control
- look for and identify strengths that can raise self-esteem
- set realistic goals
- provide links with groups or agencies that are understanding and supportive, and
- facilitate coping and problem-solving skills.

Consent: PHaMs participants are required to give written consent for the release of information to specific agencies or organisations that PHaMs workers are referring them to, and separate consent for the PHaMs service to release de-identified client data to FaHCSIA for Government reporting purposes.

4.1.5 What PHaMs cannot provide

There are services that PHaMs cannot provide, including:

- provision of clinical services or specialist medical services, although PHaMs workers may assist participants to access appropriate services
- purchase of goods and services for participants⁵, although PHaMs workers may help participants obtain goods and services they need by helping them budget, seek sources of funding and/or apply for services, including education and training, and
- provision of personal care and domestic help for participants, although PHaMs workers may show the participants how to do things, prompt them to do tasks and help them find assistance to undertake tasks they cannot manage themselves.

4.1.6 Ineligible Persons

The following persons are not eligible for PHaMs services:

- those who have a mental illness that does not result in functional impairment
- those with conditions other than mental illness, such as, but not limited to: Acquired Brain Injury; Intellectual Disability; Neurological conditions; Alzheimer's or Dementia; and physical disabilities
- those whose residential setting limits, restricts or reduces their ability to participate fully in the community such as in prison, or a specialised drug and/or alcohol treatment service or a residential mental health service.

4.1.7 Participant Rights and Responsibilities

PHaMs is delivered in accordance with the [National standards for mental health services](#), applying to all mental health services, including government, non-government and private sectors across Australia. Please see [Implementation Guidelines for Non-government Community Services](#).

⁵ PHaMs Remote Services may use PHaMs funding to purchase items needed to build community capacity or develop supports that are unavailable in remote communities, such as food for nutritional cooking classes, supplies for art classes, etc.

Rights: [Standard 6 of the national standards](#) lists rights applying to consumers of mental health services. They include that participants must:

- be treated with respect
- have their privacy protected, and
- receive services appropriate to their needs, subject to the informed consent of the voluntary consumer, in a safe and healthy environment.

Responsibilities: Participants have a responsibility to provide accurate information about their needs and circumstances so that they can receive quality services, are required to comply with the rules and regulations for engaging with services (e.g. no smoking in service premises) and behave in a manner that does not compromise the health and safety or privacy of others.

4.1.8 Exiting PHaMs

Participants may exit the PHaMs service at a time they choose or as agreed with the service provider. This is most likely to happen when one or more of the following occurs:

- the participant states they wish to exit PHaMs
- the goals of the participant have been reached
- PHaMs is unable to assist the participant with their identified goals
- a PHaMs team leader or service manager judges that the participant presents a risk to the safety of other participants or service staff
- the participant is incarcerated for a period greater than six months⁶ or comes under the care of state or territory judicial system
- the participant moves into long-term (six months or more) psychiatric accommodation, or
- the participant does not return to the PHaMs service following a period of inactivity (six months).

PHaMs service providers will ensure that participants exiting PHaMs have adequate alternative supports in place should they require them. This may include access to relevant alternative support services, family support, and strategies in place to deal with crises should they occur. The participants should be given assurances they can seek to return to PHaMs at a later time, if appropriate, and pending available places.

4.2 Funding for the PHaMs Activity

PHaMs services are funded under a standard formula based on the geographic location of service delivery and participant caseload size. Funding levels will however vary from service to service, e.g. where services have been expanded because of high demand.

As at 1 July 2012, annual base funding (GST excl.) for a PHaMs service is:

- \$439,776 for a metropolitan service

⁶ PHaMs participants can remain eligible for services as non-active participants within the PHaMs service (but be classified as 'inactive participants') for a period up to six months.

- \$486,604 for a non-metropolitan service, and
- \$529,360 for a remote service.

Funding is adjusted each year in line with the indexation rate applying to the Targeted Community Care (Mental Health) Program Appropriation. PHaMs service providers are funded under funding agreements of one, two or three year duration. Payments under these agreements are generally made six-monthly – in July and January of each year.

Service providers are funded to:

- manage entry to PHaMs through eligibility and functional assessments
- support and mentor participants to achieve goals in their Individual Recovery Plans, including assisting participants to make and attend appointments, manage daily tasks, facilitate transport, address barriers to social and economic participation, secure stable housing, and improve personal, parenting or vocational skills, etc
- coordinate support services and help participants navigate the mental health and community sector supports, and
- liaise and work with other stakeholders to make and receive appropriate referrals for people with severe mental illness.

Services provided by PHaMs will be free of charge to participants.

PHaMs Remote Services are also funded to undertake community development. While the focus of PHaMs is on improving outcomes for individuals with mental illness, it is recognised that this may require intensive work with family members and the community in which a participant lives. This is particularly important because of limited resources and support services in small and isolated communities. In undertaking community development, the service must demonstrate the impacts of this work on individuals and families. Community development should work as an adjunct to intensive assistance to individuals and families. Services are also expected to deliver assistance in ways that are locationally and culturally appropriate, safe and relevant.

A portion of funding (10 per cent) is allocated to remote services specifically for community leadership and training. This funding is to be used to provide appropriate training and development to participants, family and community members to increase their knowledge of mental illness and how to manage it, to increase their personal skills and self-confidence, develop leadership skills and to improve the overall resilience and capacity of the community.

Additional funding provided through the 2011–12 Budget. The Government announced \$154 million over five years to June 2016 for community-based services to employ an additional 425 Personal Helpers and Mentors. As part of this expansion, \$50 million was allocated to provide PHaMs to assist people with mental illness on, or claiming, income support payments to find and keep a job. \$21.8 million of the \$154 million was committed in 2011–12 and further funding processes will occur in 2012–13 and 2013–14.

The expansion of PHaMs commenced in 2011–12 with existing providers, unable to meet demand in high-need areas, funded to increase their PHaMs workforces or extend the coverage of their services.

The expansion of PHaMs will continue from 2012–13 to 2014–15 with the establishment of new general PHaMs, PHaMs Employment and Remote PHaMs. There will also be further expansions of existing services in areas where demand exceeds the capacity of current PHaMs, but is not sufficient to warrant complete new services.

Opportunities for new providers to apply for funding to deliver PHaMs will be announced on the Department's website at www.fahcsia.gov.au/funding and advertised in the press.

4.3 Eligible and Ineligible PHaMs Activities

4.3.1 Eligible Activities

The funding may be used for:

- staff salaries and on-costs which can be directly attributed to the provision of PHaMs support in the identified Coverage Area as per the Funding Agreement
- employee training for paid and unpaid staff, Committee and Board members, that is relevant, appropriate and in line with the delivery of PHaMs, and
- operating and administration expenses directly related to the delivery of PHaMs, such as:
 - telephones
 - rent and outgoings
 - computer/IT/website/software
 - insurance
 - utilities
 - postage
 - stationery and printing
 - accounting and auditing
 - travel/accommodation costs⁷, and
 - assets as defined in the [Terms and Conditions](#), including motor vehicle purchase or lease.

PHaMs Remote Service funding may be used to broker services to maximise the support for people with a mental illness in remote areas. The planned use of brokered services must be part of a strategically planned approach, and approved by the Department.

PHaMs Remote Services funded from 2013 are required to use 10 per cent of annual funding for community leadership and training as outlined in Section 4.2 in establishing the PHaMs service.

Acquittals for all assets over \$10,000 must be in accordance with the Australian Accounting Standards. The [Terms and Conditions of the Standard Funding Agreement](#) outline how funds must be spent, acquitted and repaid (if necessary).

4.3.2 Ineligible Activities

Funding will not be provided for the following categories of costs:

⁷ Accommodation costs may be incurred where PHaMs workers are required to travel to distant or remote locations to service participants.

- costs that are not directly related to PHaMs service delivery
- overseas travel
- purchase of goods and services for participants
- costs incurred in the preparation of an application or incurred in providing information additional to the information in an application, or
- profits, dividends, etc. to directors or other stakeholders.

4.4 Activity links and working with other agencies and services

4.4.1 Local coordination and collaboration

To achieve the best outcomes for participants, PHaMs services should complement and intersect with other services in the local area, including both clinical and non-clinical community services. This approach is designed to build on existing arrangements and ensure services are coordinated to provide holistic and flexible support.

PHaMs service providers are therefore expected to form partnerships and establish formal links with a range of local networks, services and other stakeholders. This may include:

- developing referral processes and managing referrals to other services, including to housing support, employment and education, drug and alcohol rehabilitation, independent living skills courses, clinical services and other mental health and allied health services
- participating in inter-agency meetings to ensure better services for participants, and
- participating in case coordination and related meetings (as required).

PHaMs services should also refer carers of participants to Mental Health Respite: Carer Support or the Young Carers Respite and Information Program, and children, young people and families to Family Mental Health Support Services, where appropriate.

4.4.2 PHaMs Employment Services

These services are required to have formal parallel servicing arrangements in place with local employment providers, including Disability Employment Services (DES), Job Services Australia (JSA) agencies and other employment services such as Social Enterprises. These could take the form of memoranda of understanding or an exchange of letters that sets out how the arrangements will operate, the process for managing referrals, and the respective roles and responsibilities of each party.

It is not acceptable for an organisation funded to provide a PHaMs Employment service who is also an employment service, such as a DES, to only have *internal* parallel servicing arrangements in place. Arrangements with a number of different employment providers will ensure diversity in service delivery and choice for participants.

4.4.3 Partners in Recovery

[*Partners in Recovery \(PIR\)*](#) is an initiative funded under the Australian Government's 2011–12 Mental Health Reform. It is managed by the Department of Health and Ageing. PHaMs services are required to work collaboratively with PIR arrangements established at the local level.

The aim of PIR is to better support people with severe and persistent mental illness with complex needs, and their carers and families, by getting services and supports from multiple sectors they may come into contact with, and could benefit from, to work in a more collaborative, coordinated and integrated way. PIR will:

- provide better coordination of clinical and other supports and services to deliver ‘wrap around’ care individually tailored to the person’s needs
- strengthen partnerships and build better links between various clinical and community support organisations responsible for delivering services to the PIR target group
- improve referral pathways that facilitate access to the range of services and supports needed by the PIR target group, and
- promote a community-based recovery model to underpin all clinical and community support services delivered to people experiencing severe and persistent mental illness with complex needs.

PHaMs and PIR will work in a complementary way to achieve better outcomes for people with a severe and persistent mental illness. Both initiatives are underpinned by principles of person-centred recovery and are designed to help people access services that are coordinated, integrated and complementary.

PIR will support the improvement of client outcomes by improving the way the service system responds to client need in a more integrated and coordinated way. PHaMs will continue to provide one-on-one support to individuals in their recovery journey by building long-term relationships and helping participants to access the range of supports and services that they need. PHaMs services will continue to work with individuals and their families to achieve participants' stated goals, which may include working with a regional PIR organisation to ensure the services required by people with severe and persistent mental illness and complex needs are coordinated, integrated and complementary.

4.5 Specialist requirements for PHaMs

4.5.1 Targeted Groups /Special Needs Groups

PHaMs identifies a number of groups of people as facing additional disadvantage in their recovery journey. These include but are not limited to:

- Indigenous Australians (including Stolen Generation)
- people from culturally and linguistically diverse backgrounds, including Humanitarian Entrants and recently arrived migrants and refugees
- young people aged 16 to 24 years
- people who are homeless or at risk of homelessness
- people who have previously been institutionalised (including Forgotten Australians/care leavers and child immigrants)
- young people leaving out-of-home care
- people who have been previously incarcerated, and
- people with drug or alcohol co-morbidity.

Services are required to prioritise and actively target these special needs groups, or others identified locally, for which there are significant populations in their PHaMs Coverage Area, or which are inadequately supported.

The Department expects services to develop the relevant expertise to be able to focus on these special needs groups and to manage their caseloads to ensure that uptake is representative of special needs groups in the local community. Targets for special needs groups will be negotiated with service providers on a case-by-case basis and specified in funding agreements.

4.5.2 Team approach to service delivery

Personal helpers and mentors work together in teams, to ensure the most effective service delivery and to bring about better outcomes for participants. The team structures are determined by service providers according to local need, the needs of participants, the availability of staff, and worker profile. FaHCSIA expects a standard PHaMs service to employ a team of five⁸.

PHaMs services assign a worker to each participant to:

- help participants better manage their daily activities and reconnect to their community
- connect participants to outreach services if needed
- provide referrals and links with appropriate services, such as clinical, drug and alcohol, employment and accommodation services
- work with participants to develop Individual Recovery Plans which focus on their goals and recovery journey
- engage and support family, carers and other significant people in participants' lives, and
- monitor and report progress against participants' Individual Recovery Plans.

PHaMs team members will have varied backgrounds, academic qualifications, work experiences and knowledge. Some team members may have professional backgrounds as social workers and psychologists. This past knowledge and experience helps to build the capability of the team, however, team members are employed as personal helpers and mentors, not to undertake specified professional roles such as social workers or psychologists.

It is mandatory that all PHaMs services employ at least one peer support worker with lived experience of mental illness. The role of the peer support worker within the PHaMs team can vary and be tailored to the particular service.

The PHaMs team must include people with different personalities and experiences. This will enable the team to offer choice to participants, bring different knowledge and experience to the team and find innovative solutions to the many complexities the team will face.

The team must be designed to:

⁸ A standard PHaMs team would comprise five personal helpers and mentors, however some services have been funded for additional positions, specified in funding agreements. Variations may be negotiated with FaHCSIA on a case-by-case basis and will be reflected in funding agreements.

- provide a diverse knowledge base among workers that can be shared to benefit the whole team (by valuing and selecting workers with very varied backgrounds and experiences)
- allow for team support, ongoing training and development, and direct supervision, debriefing and shared learning experiences and opportunities, and
- offer choice for participants (around the gender and culture of their worker where possible) as well as who they might prefer to build a long-term relationship with.

All team members play important roles and are highly valued. However, there are distinct roles that must be filled within each team. These roles include: a team leader, a peer support worker, and general caseworkers. Where the PHaMs service is funded to deliver a specialist service, the PHaMs team must also include specialist workers such as a cultural broker in Remote Services; or employment specialists in Employment Services. Please see [PHaMs Resource Kit](#) for more information on the role of the Team Leader, Peer Support Worker and General Service Worker.

PHaMs Employment Services are required to employ workers with a background in delivery of both community mental health and employment services. While it may not be possible to recruit workers with both of these skill-sets, it is important that the PHaMs employment team as a whole has a mix of these skills and experience. Please see [PHaMs Resource Kit](#) for more information on the role of PHaMs Employment Workers.

PHaMs Remote Services are also required to operate through a team structure. The starting point for PHaMs remote services is a team of five workers. FaHCSIA recognises that team structures may be impacted by factors such as operating costs in remote areas and the need to tailor service models to the site's coverage area. The team structure should be identified as part of the initial strategic planning process. PHaMs remote services are encouraged to employ local Aboriginal and Torres Strait Islander people to undertake roles within the PHaMs team. Please see [PHaMs Resource Kit](#) for more information on the role of Cultural Brokers in remote communities.

4.5.3 Mandatory caseloads for PHaMs teams

There are different caseload requirements for specialist and non-specialist PHaMs services. Requirements in relation to minimum service caseloads are detailed in funding agreements.

Caseloads for each FTE worker⁹ should be a minimum of 10 and a maximum of 12 active participants requiring complex support. Higher caseloads are permitted where several participants with lower levels of support equate to a complex case. This upper limit recognises the complexity of support needed and longer-term relationships required to assist participants in their paths to recovery as well as ensuring the quality of service provided is maintained at a high standard. PHaMs workers may have participants on their caseload who require intermittent or periodic support. This recognises the episodic impacts of mental illness and that people may only require occasional support to independently maintain their recovery journey.

⁹ A Full Time Equivalent (FTE) 'worker' may be one person employed full time or a number of part-time workers whose hours equate to a full time worker's hours. e.g. If two staff work 50% of the hours of one FTE they would have equal minimum caseloads of 5 each. If one worked 60% of the hours of one FTE and the other worked 40% the caseloads would be 6 and 4 respectively.

Base funding for non-specialist PHaMs services provides for a minimum *service caseload* of 45 participants at any point in time. This allows for lower active caseloads for team leaders and some flexibility in structuring the most appropriate role for peer support workers within teams. Some PHaMs services will be funded at higher levels and will be required to have larger overall caseloads based on additional funding provided for increased FTE.

PHaMs Employment Worker: each Full Time Equivalent PHaMs Employment worker is required to have a minimum caseload of 10 intensively supported participants and 10 less intensively supported participants. The maximum caseload is 24 active intensive participants (12 intensive and 12 less intensive) for each FTE worker.

A PHaMs Employment Service funded to employ five workers, is required to carry a minimum caseload of 90. This includes a minimum caseload of 45 intensively supported participants and 45 less intensively supported participants. This allows for lower active caseloads for team leaders and some flexibility in structuring the most appropriate role for peer support workers within teams.

PHaMs Remote Services have caseloads of up to 40-45 participants. Recognition is given to broader community and family capacity building activities undertaken by PHaMs workers in remote services that aid the recovery journey of individual participants, and exact caseloads will be negotiated on a case by case basis.

4.5.4 Mental Health Crisis Response

Arrangements, should participants become unwell or have a crisis, are to be documented in each participant's Individual Recovery Plan (see section 4.5.6 below).

However PHaMs is not a crisis service and PHaMs workers are not expected to be the contact for mental health emergencies or to manage participants through such an event. Participants experiencing mental illness episodes should be encouraged and assisted to seek clinical mental health support.

4.5.5 Duration and Intensity of Support

There is no time limit on how long a participant can be supported by PHaMs services as services are intended to support participants with diverse and complex needs.

The intensity of support provided to PHaMs participants is flexible, negotiated with each participant, and adjusted from time to time as part of their Individual Recovery Plan. This recognises the need of some participants for varying levels of support over an extended period of time due to the episodic impacts of mental illness.

Generally, intensive support is provided to participants until such time as they have stabilised their situation and addressed the priorities and goals identified in their Individual Recovery Plans.

PHaMs providers are responsible for managing their caseloads to ensure they can meet the needs of participants requiring intensive support, as well as those requiring less intensive periodic support.

As places become available because existing participants reduce the level of support needed or exit the service, new participants should be accepted, with priority going to those with the highest need.

For PHaMs Employment Services the duration of intensive support provided to participants will be around six months with a maximum period of 12 months. Once employed or in the workforce, participants will be offered less intensive support to maintain employment and participation opportunities. Participants may return to intensive support if required and there are vacancies with the service.

Details of each participant's agreed, ongoing support arrangements, including any arrangements for support after hours¹⁰ must be documented in their Individual Recovery Plan.

4.5.6 Individual Recovery Plans

PHaMs provides ongoing, one-to-one support to people with diverse and complex needs, directed by an Individual Recovery Plan developed with each PHaMs participant. Support is focused on providing practical assistance, facilitating increased community participation and ensuring access to required services in line with goals and priorities identified by the participant and documented in their Individual Recovery Plan.

Providers must ensure that, for each person accepted into PHaMs, an Individual Recovery Plan is developed with the PHaMs participant. The Plan identifies:

- the person's strengths and recovery goals
- activities and supports
- a care/crisis plan in the event that the participant becomes unwell or crisis occurs, and
- expectations for any out-of-hours contact.

Participants will be asked to commit to working towards achievement of goals in their Individual Recovery Plan. They can expect their worker to help them do things for themselves – PHaMs workers will not take over and do things for participants.

4.5.7 PHaMs Practice Principles

All PHaMs services must operate with a strengths-based recovery-focused orientation and subscribe to a set of practice principles that underpin delivery of assistance to PHaMs participants.

The principles are:

- **Respect, Trust and Understanding** – participants will be treated with respect, dignity and understanding as a unique person.
- **Empowerment** – participants are empowered to gain the knowledge, skills and attitude needed to manage their own lives within the limitations of their illness.

¹⁰ PHaMs services are not expected to provide after-hours services but may agree to support participants on a case-by-case basis at their discretion, if it is considered important to the individuals' recovery journeys. Any after-hours arrangements must have the prior approval of the Team Leader.

- **Privacy and Confidentiality** – the right to privacy, dignity and confidentiality in all aspects of the participant’s life is recognised and respected.
- **Accessibility** – services are delivered in a way that ensures all potential clients in the PHaMs target group are able to access them. This includes delivery through outreach and in participants’ homes. Services are promoted to potential participants and other community and clinical organisations.
- **Flexibility, Choice and Appropriateness** – services are designed to meet the individual needs and personal recovery goals of participants. Services use a range of approaches to service delivery to ensure that services offered are tailored and appropriate to participants’ needs.
- **Cultural Competency** – services are culturally appropriate.
- **Appropriate Staff** – PHaMs workers have appropriate attitudes, backgrounds, experiences and qualifications to meet the needs of participants in their site and receive appropriate training, support and supervision. This includes engagement of paid peer support workers by PHaMs services.
- **Service Development and Improvement** – service delivery practices are regularly reviewed and revised to improve services.

4.5.8 National Standards for Mental Health Services

All PHaMs services must be delivered in accordance with the [National Standards for Mental Health Services](#), available on the Department of Health and Ageing’s website at www.health.gov.au. The National Standards were endorsed by the Commonwealth and state and territory Health Ministers in 1996. They have since been revised with a particular focus on their implementation in the community mental health sector. The national standards focus on recovery and are based on values related to human rights and dignity. They promote the empowerment of consumers of mental health services, their carers and families. They emphasise practices which support continuous improvement in service quality.

4.5.9 Incident reporting

Service providers must notify FaHCSIA within 24 hours of any incidents such as accidents, injuries, damage to property, errors, acts of aggression, unnatural death of participant/staff, potential for negative media coverage, etc. that may adversely impact the delivery of services to PHaMs participants or the reputation of the Department. A template for reporting incidents is available in the [PHaMs Resource Kit](#).

Incident reporting can also contribute to service improvement through analysis of critical incidents to inform the implementation of preventative measures and responses to adverse events.

4.5.10 Compulsory Training

On commencing operations as a new PHaMs service, representatives from each PHaMs provider will attend FaHCSIA-run training that provides an overview of PHaMs and instruction on eligibility and monitoring methods used by FaHCSIA.

4.5.11 Volunteer Worker Support

Where service providers engage volunteers, they are required to have operational policies and procedures in place for volunteer involvement. The policies and procedures need to be understood, implemented and maintained at all levels of the organisation. The [*National Standards for Involving Volunteers*](#), available on Volunteering Australia's website at www.volunteeringaustralia.org, provide a sound basis for the engagement of volunteers and should form the basis of the operational policies and procedures developed by PHaMs services.

They cover the following elements:

- the jobs of volunteers are documented and regularly reviewed
- the work of volunteers is controlled and supported by defined processes and procedures
- information is gathered about work satisfaction
- appropriate support is available, including access to professional debriefing
- effective channels of communication with volunteers are established, and
- appropriate processes are established to monitor, identify and address all health, safety and work satisfaction issues.

4.5.12 Compliance with Relevant Legislation

Service providers funded under the TCC Program are to ensure that services are delivered in accordance with all relevant Commonwealth and state and territory legislation, regulations and standards.

Service providers should be aware of any case-based law that may apply or has an affect on their service delivery. Providers must also ensure that the services meet health and safety requirements and all licence, certification and/or registration requirements in the area in which they are providing services.

4.5.13 Information Technology

Service providers will receive telephone and email support on IT matters and on data collection activities to assist them in complying with FaHCSIA reporting requirements. The Mental Health Helpdesk mentalhealth@fahcsia.gov.au is closely monitored to ensure prompt responses to requests for IT assistance. Service providers will be advised of the expected timeframes for responses if they are likely to take more than two working days.

A **Targeted Community Care Collaborative Workspace** has been set up on [Govdex](#). Service providers are encouraged to use this workspace to share good practice and other relevant information. FaHCSIA also uses this workspace to make research and other documents available to service providers. Access details are provided to all funded service providers. Enquiries can be made through the Mental Health Helpdesk mentalhealth@fahcsia.gov.au.

4.5.14 PHaMs Activity Performance and Reporting

Reports are to be submitted electronically. Providers should therefore ensure they have internet access and compatible IT (Windows 2000 or later and Adobe Reader 7.0.5 or later).

PHaMs providers are required to submit:

- client level and aggregate data into an online system
- annual audited financial reports by 31 October each year
- biannual progress reports by 31 January and 31 July each year submitted online, and
- other reports as required by FaHCSIA.

New PHaMs Remote services are also required to submit:

- an implementation schedule that outlines key establishment dates for the new service within four weeks of signing their funding agreement, and
- a Strategic Service Plan within 10 weeks of signing their funding agreement (guidelines and templates will be provided).

For all PHaMs providers, reports are required on the due dates as specified in funding agreements, unless otherwise negotiated with FaHCSIA and approved in writing.

4.5.15 FaHCSIA's Performance Indicators

FaHCSIA's Performance Indicators focus on three key questions:

- Did it make an immediate / lasting difference?
- How well did we do it?
- How much did we do?

This is reflected in the following TCC Program Key Performance Indicators:

- Increasing percentage and number of mental health participants maintaining progress against relevant goals
- 85% per cent of participants surveyed report that they are satisfied that the service they received was appropriate to their needs
- Percentage and number of participants from Indigenous backgrounds is consistent with the population demographics of the coverage area, and
- Percentage and number of participants from culturally and linguistically diverse backgrounds is consistent with the population demographics of the coverage area.

FaHCSIA is currently reviewing the Targeted Community Care (Mental Health) Program performance framework.

5 CONTACT INFORMATION

Organisations and members of the public wanting to make general program enquiries should contact: mentalhealth@fahcsia.gov.au or check the FaHCSIA website.

Funded Service providers should contact the Funding Agreement Manager nominated in their Targeted Community Care (Mental Health) Program Schedule of their funding agreement.

6 GLOSSARY

Caseload – the number of participants that each member of the PHaMs Team may be providing with intensive support at any given time.

Community capacity building – community development activities to improve community wellbeing through collaborative projects with community groups such as promoting mental health awareness and first aid and stigma reduction. This can also include establishing relationships and trust in communities to allow services to be delivered most effectively.

Coverage Area – the geographically defined area in which clients of the PHaMs service must reside in order to qualify for services from that service provider.

Eligibility Screening Tool – FaHCSIA’s purpose-built tool designed to assess an applicant’s eligibility for PHaMs services.

Employment Worker – a personal helper and mentor employed in a PHaMs Employment Service.

Family – is a relative, friend or neighbour who has a family-like relationship with the person with mental illness.

Mental health – a state of wellbeing in which an individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.

Mental illness – a clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities.

Non-qualifying ‘conditions’ – conditions other than mental illness or mental health conditions which do not cause severe functional limitations.

Participant – a person assessed as eligible for and receiving services from, a PHaMs-funded service.

Peer support worker – a worker with a lived experience of mental illness, who is living well and is able to support others experiencing mental illness to work towards recovery.

PHaMs Employment Service – a specialist PHaMs service specifically to help people with mental illness on, or claiming, the Disability Support Pension or other income support, who are also engaged, or willing to engage, with employment services.

Program Guidelines – the guidelines applicable to PHaMs application processes. The Program Guidelines have three parts – Part A Targeted community Care (Mental Health) Program Guidelines, Part B Information for Applicants and this Part C1. Applicants should read all parts.

Remote sites – PHaMs remote sites are categorised as such based on the Australian Standard Geographical Classification - Remoteness Area (ASGC-RA) for their coverage area. As at 30 June 2012, there were 11 PHaMs sites funded as remote sites.

Team leader – a worker who provides guidance, instruction, direction, leadership and work oversight for the PHaMs team.

Terms and Conditions means the terms and conditions of the standard funding agreement between the Department and successful Applicants. For further details see <http://www.fahcsia.gov.au/grants-funding/general-information-on-funding/terms-and-conditions-standard-funding-agreement>.

Volunteer worker – a person who provides services without being paid, though costs incurred by the worker are reimbursed by the service provider. Volunteer workers may undertake a variety of roles under appropriate supervision by the organisation.