After the Institution: What Next?

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Can people who have had long stays in psychiatric institutions be supported to live independently in the community? This article reports on a study that considers programs providing this support in two Australian cities. When psychiatric hospitals close, people residing in them need housing. Many also need support to enable them to live independently in the community. Since the inception of the National Mental Health Strategy in 1992 various models of support and housing have been developed for this group. This article discusses a research project being undertaken by the Institute for Social Research at Swinburne University of Technology in Melbourne that considers one of these models.

The project is called ‘Out of the Institution’. It looks at outcomes from a model of housing and support that has been implemented in Victoria, and at the recent implementation of similar model in South Australia. The study takes as its starting point a model delivered in the northern suburbs of Melbourne since 1995 by NEAMI, a psychosocial rehabilitation support agency, in partnership with Supported Housing Limited, which is a specialist housing management agency.

The model has three components. The first is housing. Clients live in their own homes, either alone or in pairs. Most properties are provided through the Victorian Office of Housing. Clients have security of tenure, and tenancy management is provided by Supported Housing Limited.

The second component is clinical support. This is provided by community-based mental health services, through Mobile Support Teams or community mental health services.

The third is psychosocial rehabilitation support, which is provided by NEAMI. A NEAMI worker provides support for clients in areas the client identifies as a priority. This may include things like cooking, shopping, cleaning, budgeting, using public transport, and getting involved with work, education and other community activities. Support will vary in intensity as clients’ needs change, and it continues for as long as the client feels they need it.

Variations on this model have been delivered by a number of agencies in Victoria and other states, for similar client groups. Examples include the Housing and Accommodation Support Initiative in New South Wales, the Independent Living Program in West Australia, and Project 300 in Queensland. These models of housing and support are of particular interest to policymakers in settings like South Australia, where stand-alone psychiatric hospitals remain at the centre of the mental health service system.

The ‘Out of the Institution’ project asks: ‘Does the model implemented in Victoria by NEAMI and Supported Housing Limited work?’ And: ‘Is it transferable to other settings?’

For the ‘Does it work?’ question, we want to find out:
- Where the model is effective, what are the critical factors that make it work?
- Where it is not effective, what are the critical factors that make it fail?
- How could the model work better?

For the ‘Is it transferable?’ question, we want to find out:
- What are the critical factors that enable or impede implementation?

The study uses qualitative methods. It looks at client experiences through semi-structured face-to-face interviews with clients, and with their psychosocial rehabilitation support workers. Where clients give permission we seek input also from their clinical workers and family members. The South Australian component of the study includes a follow-up twelve months after the initial interviews, to see how clients’ circumstances have changed.

The program implemented in South Australia is called ‘Returning Home’. Initiated in 2005, it is based on a model of support similar to that delivered in Victoria by NEAMI and Supported Housing Limited. Support under the program is available to inpatients of extended-care wards of Glenside hospital in Adelaide, who have been assessed as able to live in the community if appropriate services were in place. Under this model psychosocial rehabilitation support is provided by three non-government organisations: NEAMI,
Richmond Fellowship and Life Without Barriers. Clinical support is provided by community-based mental health services, and housing mostly through Housing SA.

‘Returning Home’ is similar to the model implemented in Victoria by NEAMI and Supported Housing Limited, it is but not the same. One task for the research is to identify critical differences between ‘Returning Home’ and the Victorian model that influence effectiveness in achieving outcomes for clients.

So far we have collected a huge amount of data, and are in the process of doing analysis. In Victoria, of the twenty-eight people who moved from psychiatric institutions into the ‘NEAMI Community Housing Program’ in 1995, eighteen remain with the program. Of the ten clients who are no longer in contact with NEAMI, some have moved to other areas and receive support from other agencies, and the whereabouts of others is not known. Of the eighteen clients who are still with NEAMI, eleven agreed to participate in the research. I have interviewed these eleven clients and their psychosocial rehabilitation support workers, and where possible, sought input from clinical staff and family members.

In South Australia I have interviewed twenty-five clients and their psychosocial rehabilitation support workers, and where clients gave permission I have sought input from clinical staff and family members. Of the twenty-five clients interviewed, thirteen had been discharged and were living in their own homes, and twelve were in the process of ‘transition’ from Glenside. We have also done a survey of clinical staff working in Glenside, and conducted interviews with staff working in management roles in clinical, housing and psychosocial rehabilitation support agencies in South Australia and Victoria.

Our initial analysis indicates some broad answers to our research questions. For the ‘Does the model work?’ question, the evidence in Victoria shows that the model has been effective in enabling some people with significant and ongoing disabilities associated with mental illness to sustain tenancies over a period of twelve years.

There are clearly sampling issues here, as the people I have interviewed in Victoria are those who have been successfully supported by NEAMI and Supported Housing Limited. But we have seen people who after having spent half a lifetime in hospital, have been able to live in the community with ongoing support. So yes, for some people, it has worked.

In relation to housing, key factors in the success of the model include the location and type of properties, managing issues around sharing or living alone, a commitment to providing ongoing tenure, arrangements for automatic payment of rent, and practices around tenancy management.

Around psychosocial rehabilitation support, key factors revolve around the nature of workers’ engagement with the client. Significant aspects include the intended duration of support, flexibility in its intensity and approach, the skills of support workers, the resources available to them, and the quality of their working relationships with other providers.

Our findings are similar to those reported in other studies. For example, evaluations of the Housing and Accommodation Support Initiative in New South Wales and Project 300 in Queensland found similar models successful in enabling clients to sustain tenancies. Muir et al. (2007) found, over their two-year longitudinal study, that 85 per cent of clients supported through Housing and Accommodation Support Initiative maintained their tenancies over this period. Meehan et al. (2007) found that over a seven year period, 82 per cent of clients in Project 300 remained in the community.

As we complete analysis of our data we will be able to say more about the critical factors for effectiveness of support in enabling clients to sustain tenancies, in the programs delivered in Victoria and South Australia.

In relation to the ‘Is the model transferable to other settings?’ question, the answer seems to be that effectiveness of implementation depends to some degree on context. Victoria and South Australia are very different from each other in relation to policy and service delivery around mental health. How these differences affect the transferability of the Victorian model of housing and support to the setting of South Australia will be another focus of our analysis.

So, can people who have had long stays in psychiatric institutions be supported to live independently in the community? Our findings show that under the model of housing and support delivered in Victoria by NEAMI and Supported Housing Limited, former long-stay patients have succeeded in living independently in the community over the long term. Comparable models implemented in New South Wales and Queensland have shown similar outcomes.

The ‘Out of the Institution’ project is still the early stages of data analysis, but at this point two findings are clear. For some people, the model does work. Its effectiveness in different settings is significantly shaped by the context in which implementation occurs.

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