Independent Mental Health Advocacy

Second Report to the Department of Health and Human Services – 1 November 2015 to 31 March 2016

30 April 2016

# Purpose

The purpose of the report is to provide DHHS with information regarding key performance indicators, demographics, location and referrals for the periods 1 November to 31 December 2015 and 1 January to 31 March 2016.

## An overview of the service’s work over the period of November 2015 to March 2016

IMHA began delivering services across the state on the 31 August 2015 with staff located in four VLA offices: Dandenong, Bendigo, Geelong and Melbourne. Services have been provided via the IMHA phone line, outposts, visits to consumers at mental health services and other services. We have now established outposts in the majority of Designated Mental Health Services in Victoria. Where we do not have an outpost, this has been a decision made with the Mental Health service and advocacy is being provided in other ways. We continue to work with the Mental Health sector to increase awareness of IMHA amongst staff and consumers. We also have been working with other key stakeholders to finalise referral protocols, including OPA Community Visitors and Mental Health Complaints Commission.

IMHA has also now established a consumer advisory group (named ‘Speaking From Experience’) and all consultations have now been completed by the VMIAC advocate seconded to IMHA. The VMIAC advocate is now collating and analysing the information gathered and will prepare a report with recommendations for IMHA, including what tools could be developed to support consumers to self-advocate. IMHA now has a Program Logic and Evaluation and Monitoring Framework (previously provided to DHHS) and IMHA is in the process of developing the tools needed to measure impacts and outcomes. IMHA has also started the process of developing a database that will capture the information needed to continuously improve the service, meet reporting requirements and identify areas for systemic advocacy.

### Targets

Annual targets were set for IMHA in its first year of service delivery with DHHS. These targets are:

* High intensity services (advocacy and coaching for self-advocacy) – 2,000 occasions of service
* Low intensity services (information and referral) – 7,500 occasions of service

IMHA is currently on track to exceed the high intensity targets and meet the low intensity targets.

Table 1: The table shows results from the period of November-December 2015 and January-March 2016.Total services of both high and low intensity is 7,535.

| **Reporting Period** | **November-December 2015** | **January – March 2016** | **Year to Date** |
| --- | --- | --- | --- |
| **High Intensity services** | 587 | 1273 | 2768 |
| **Low Intensity Services** | 1131 | 2014 | 4767 |
| **Total** | 1718 | 3287 | 7,535 |

#### Demographics, Location and Referrals

Demographics:

Table 2: The table displays demographic data including whether the consumer was born overseas, whether they required interpreters, gender, whether the consumer identifies as Aboriginal, Torres Strait Islander or both and age.

|  |  |  |
| --- | --- | --- |
| **Type** | **November – December**  **%** | **January – March**  **%** |
| **Born overseas** | 11.7 | 13.7 |
| **Interpreter needed** | 1.6 | 1 |
| **Gender**  Male  Female | 55.6  44.4 | 48.8  50.9 |
| **Aboriginal and/or Torres Strait Islander** | 3.7 | 4.4 |
| **Age**  18 and under  18-20  18-30  31-40  41-50  51-65  65 and over | 0.5  1.6  15.5  34.2  25.1  17.6  5.3 | 0.7  3.1  15.1  28.2  25.1  20.3  7.6 |

Location of services provided

The majority of services for November to December 2015 and January to March 2016 were provided by the Melbourne Metropolitan IMHA staff (40.3%, 50.2%), followed by Bendigo (29%, 24.1%), Dandenong (13%, 17%), and Geelong (17.3%, 8%).

Referrals:

The three most frequent sources of referral to IMHA and referral made by IMHA were as follows:

Table 3: This table displays referrals made by services such as Victoria Legal Aid, Mental Health Services and self-referrals to IMHA for the periods of November to December 2015 and January to March 2016.

|  |  |  |
| --- | --- | --- |
| **Source of Referrals** | **November – December** | **January – March** |
| Self-referral | 55.2% | 62.3% |
| Victoria Legal Aid | 18.6% | 9.8% |
| Mental Health Services | 5.8% | 11.1% |

Table 4: This table shows referrals made by IMHA to other services including Victoria Legal Aid, Mental Health Complaints Commission and Mental Health Services.

|  |  |  |
| --- | --- | --- |
| **Source of Referrals** | **November – December** | **January – March** |
| Victoria Legal Aid | 24.8% | 23.2% |
| Mental Health Complaints Commission | 5.4% | 7.1% |
| Mental Health Services | 2.1% | 5.3% |

##### Outpost establishment

As of March 2016, IMHA has thirty-three outposts across the state. Outposts set up are located in the following sixteen designated Mental Health Services.[[1]](#footnote-1). Outposts are based at adult, aged and youth inpatient units as well as SECUs, Eating Disorder Units and Community Clinics. Whilst advocates provide outposts they are also attending mental health services outside these outposts to respond to consumers as required.

IMHA is also attending Forensicare as needed by consumers, this is usually weekly attendance at the service. IMHA will also respond to Children’s Hospital referrals as needed. IMHA is now working with services to identify how to best work with Community Clinics.

###### Consumer engagement and leadership

IMHA has now established VLA’s first consumer advisory group – Speaking From Experience (SFE). SFE has thirteen members from diverse backgrounds with lived experience of mental health issues and the mental health system. The Senior Consumer Consultant is supporting the group and they are developing a Consumer Leadership and Engagement Strategy. IMHA and MHDL management attend part of the monthly meetings.

The VMIAC Advocate on secondment with IMHA has now completed consultation with over 50 consumers. The final report will be completed by 31 May 2016 and the recommendations will guide IMHA’s development of resources and information for consumers.

Service promotion, relationship building and referral pathways

Service promotion continues and includes the following activities:

* IMHA bulletin, *Advocacy Matters,* sent to over 400 subscribers;
* Write up of IMHA continues to engage with the media, for example IMHA advocate recently spoke on 3CR about IMHA services and with ABC Ballarat in relation to substandard conditions at Sovereign House;
* Production and circulation of additional information for services and consumers including a fact sheet for consumers about IMHA services;
* 99 information sessions with 1134 participants run across the state to a diverse range of services and audiences, including mental health clinicians, mental health support service staff, consumer advocates, carers, consumers, and community services. This includes sessions on advanced statements and education session for medical trainees.
* IMHA Management is meeting again with leaders in all designated mental health services to assess how outposts are working, finalise MOUs and provide feedback on themes arising from services. These meetings will occur every 6 months.
* IMHA is continuing to engage with organisations that represent its diverse priority groups including Aboriginal Controlled Services and ethno-specific services.

1. Melbourne Health, Austin Health, Albury Wodonga Health, Monash Health, Latrobe Regional Hospital, Peninsula Health Care, Mildura Base Hospital, Ballarat Health Service, Bendigo Health, Werribee Mercy, Goulburn Valley Health, St Vincent’s Hospital, Alfred Health, Barwon Health, Eastern Health, and Southwest Health Care [↑](#footnote-ref-1)