

# *ermha*

2007 Annual Report

  
*Celebrating*  
*25 years*  
*of service*

Eastern Regions Mental Health Association Inc.

## THE 15 PRINCIPLES OF PSYCHOSOCIAL REHABILITATION AS IDENTIFIED BY CNAAN (1988, 1991)

1. Developing under-utilised potential
2. Equipping people with skills
3. Self determination
4. Normalisation
5. Different needs and care
6. Commitment of Staff
7. De-professionalisation of Service
8. Early intervention
9. Environmental approach
10. Changing the environment
11. There is no time limit on participation
12. Emphasis on strengths
13. Work centres process
14. A social, not medical model
15. Emphasis on the here and now

# Contents

ERMHA's People .....	4
Statement of Purposes .....	5
Service Principles .....	6
President's Report .....	7
CEO's Report.....	8
Opportunity Shops Report.....	10
Restructuring ERMHA .....	12
General Services Stream .....	14
Specialist Services Stream .....	17
Administratoin & Finance .....	19
Community Education .....	20
CALD.....	21
Financial Reports .....	22-35

## Acknowledgements

### **ERMHA gratefully acknowledges the support of funding and donations received from the following:**

The Victorian Government Department of Human Services  
Microsoft - Unlimited Potential - A Microsoft Australia Community Program  
St John of God Health Care  
The City of Greater Dandenong  
The City of Casey  
RITCHIES Stores  
General Motors Holden  
The Dandenong RSL  
The Dandenong Rotary Club  
The Noble Park Rotary Club  
The South East Primary Care Partnership(SEPCP)  
Carer Respite Centre, Southern Region  
The Volunteers of the ERMHA Opportunity Shops  
The Warren Opportunity Shop  
Effective Working Image  
Melbourne Glass  
Craft Haven  
P. Wilson  
Don Cameron

Donations of \$2 or above to ERMHA are tax deductible,  
and can be directed to any ERMHA program or service.

# ERMHA's People

## 2006-07

Nephi Apisaloma  
John Baarsma  
Jennine Bench  
Simon Benjamin  
Alys Boase  
Jane Boldiston  
Wal Bristowe  
Elizabeth Brown  
Deirdre Byrne  
Jessie Cairncross  
Sue Caro  
Susie Carter  
Nikole Charlton  
Rebecca Confoy  
Kelda Cook  
Darren DeLand  
Nathan Diep  
Huia Dyjak  
Troy Fa'oa  
Daniel Fitisemanu  
Alan Fleming  
Deborah Fleming  
Alf Francett  
Deborah Heaysman  
Josephine Hemopo

Renee Hevey  
Dorothy James  
Clement Lam  
Sacha Keir  
Kim Kerr  
Tonia Krings  
Marnie Last  
Melinda Licciardi  
Linda Lock  
Julie Lovett  
Artur Lyczba  
Alison Madden  
Priya Mathew  
Lawrence Mauga-Reid  
Monique Micallef  
Andrea Montefusco  
Ellen Nankivell  
Frank Nedell  
Amanda Nicoll  
Peter O'Neill  
Laura Parente  
Aristos Patrikis  
Marianne Potter  
Peppi Prestia  
Richard Price

Dennise Rossetti  
Emily Rossetti  
Dalan Ruru  
Paul Saggoo  
Julie Schafer  
Rebecca Siegel  
Rachel Shilvock  
Paul Spence  
Robert Spillane  
Frances Stewart  
Ross Sunderland  
Lawrence Tahuriorangi  
Paul Te Paki  
James Ter  
Phil Townsend  
Samantha Tripp  
Arthur Tsotsos  
Frits Van Scheepen  
Peter Veltman  
Michelle Wallace  
Laura Walker  
Peter Waters  
Kelly Wilson  
John Witschi  
Peter Wrigley

## Board & Executive

### OFFICE BEARERS

Betty Karlake - President  
Robert Read - Vice President  
Frits Van Scheepen - Treasurer  
Elizabeth Duvall - Assistant Treasurer  
Maureen Goodman - Secretary  
Margaret Weston - Assistant Secretary

### BOARD MEMBERS

Peter McDonald  
Pat Dillon  
Chris Lawton  
Paul Galea  
Susan Meyerink  
Rhonda Okey  
Karan Smith

### Registered Office

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Dandenong 3175  
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ERMHA is an Incorporated Association  
Registered Association Number: A0002158E

ABN: 38 834 458 211

Eastern Regions Mental Health Association Inc.  
is a non government community managed organisation



# Statement of Purposes

- To improve community acceptance and mobilise support for those with mental health problems, particularly in the South Eastern Regions of Melbourne and surrounding suburbs and districts.
- To publicise the needs of people who have been affected by a mental illness.
- To mobilise the resources of the community in order to hasten the recovery and rehabilitation of those who have suffered from mental illness or other mental health problems.
- To liaise with other services and agencies to expand the accessibility to community managed services by people with a mental illness.
- To develop community activity programs and employment programs for those with mental health problems, and to provide support for their families.
- To provide support for people after discharge from public or private psychiatric hospitals and to prevent them from becoming isolated by involving them in community activities.
- To ensure the provision of a range of accommodation options for people who are recovering from a mental illness.
- To promote ongoing support and social reintegration activities of all kinds to people recovering from psychiatric illness regardless of their source of medical treatment.
- To conduct public and private mental health educational activities of all kinds for the general public and for any organisation or group interested in mental health.
- To develop specific programs and methods of work to meet the needs of ethnic groups and others requiring a special approach.
- To provide training for voluntary workers, staff and clients.
- To contract to provide any of the foregoing psychiatric rehabilitation and support services to any other organisation or group.
- To raise money to assist in the achievement of the objects of the Association, by voluntary contributions, fund raising efforts and other appropriate means.
- To acquire, operate and maintain such buildings and equipment as the Association considers necessary to further its objectives.
- To employ such persons as may be required to promote any of the foregoing objectives or to provide any service in accordance with them.

# Service Principles

## **Services of the Eastern Regions Mental Health Association operate on the following principles**

- 1) Provision of a flexible program which is responsive to consumers changing needs;
- 2) Acknowledgement that some dependency needs are natural and legitimate;
- 3) Maximum consumer participation in the planning and implementation of programs and in services;
- 4) Self-determination by consumers and realistic goals and timelines
- 5) Participation of consumers on a voluntary basis
- 6) The style of work will be “doing with” not “doing to”
- 7) Flexibility of staff roles within the boundaries of a hierarchical structure
- 8) Emphasis on the use of community facilities by consumers of the services
- 9) Focus on consumers everyday living and day to day challenge's, rather than on their illness
- 10) Retention of the services' own identity whilst liaising with other appropriate services
- 11) Creation of conditions which enable consumers to minimise the need to return to hospital

## **The service aims to assist consumers to**

- 1) Establish their own goals and ways of meeting these goals
- 2) Build on and enhance abilities rather than focus on disabilities
- 3) Take responsibility for their own lives by increasing choices and self management
- 4) Acquire skills that improve a sense of well-being, achievement and potential
- 5) Limit time in or prevent return to hospital by increasing coping skills and expanding support networks.



## President's Report



2007 represents Eastern Regions Mental Health Association's Silver Jubilee year.

To mark the occasion a sub-committee was established and has been working to document the history of the association. Many participants in its foundation and development have been interviewed, and have contributed to the book. I believe this History is well worth recording, as ERMHA was one of the earliest Community managed Mental Health organisations and something of a pioneer. I am pleased that our history will be released today and my thanks go to all who have assisted in its production.

While the Association has achieved a great deal during its existence, much remains to be done to provide a service capable of meeting the mental health needs of the region, which continues to expand due to the rapidly increasing population.

The past year has again seen an increase in the level of services provided by the Association. However, a substantial increase in funding is necessary if we are to employ the staff we require to continue meeting the

expanding needs of the region's population. The Association has continued to pursue new funding opportunities to provide additional services, through submissions prepared by our CEO, Peter Waters and senior staff.

As community awareness of mental health grows and becomes an issue of greater public interest, Governments have shown more interest in this matter. Hopefully this interest will translate into the development of the services and facilities which are urgently needed.

I cannot leave this report without thanking my fellow Board members for their work throughout the year, like the opportunity shop workers, they give their time without payment of any kind.

Last but not least, on behalf of the Board, I want to thank Peter Waters and his staff for all the work they have done throughout the year in caring for our clients.

Betty Karlake  
**President**

# CEO's Report



The past year has seen a significant shift in the attention given to mental health. The creation of Victoria's first Minister for Mental Health following the State election and the beginnings of the roll out of Federal Government funding for mental health through the COAG initiatives, both come as welcome developments and we congratulate both the Victorian and Commonwealth Governments on these separate but equally important steps.

While looking back over 2006 - 2007, I am delighted to again be able to report the achievement of a number of significant milestones in ERMHA's ongoing development.

First and foremost of these has been the consolidation of last year's increase in the number of clients served by ERMHA. In 2007 ERMHA was able to consolidate the provision of its broadest ever range of services and provide support to over 600 clients.

As I have stated in previous reports, the magnitude of the need for Mental Health services in the South East is far greater than can be met by ERMHA alone. Consequently we have again devoted considerable time and effort to the ongoing development of partnerships which effectively enhance our service delivery capacity.

The fruitful relationship with Southern Health through the PARCS initiative has led the way to the development of further partnership arrangements with ERMHA joining Southern Health and WAYSS to provide additional support to people at risk of homelessness as they leave an inpatient setting. The new Mental Health Pathways initiative increases the support ERMHA can deliver to clients prior to discharge from an inpatient setting. This is a welcome addition to our working relationship with clinical services and something we intend to expand on over the coming years.

ERMHA was successful in its submission to the Victorian State Government as lead agency in the formation of the Southern Metro IRRCP Alliance which draws together Clinical and PDRSS Services from across the Southern Region. We now work in tandem to develop and deliver

support packages aimed at assisting long stay psychiatric patients back into the community of their choice.

ERMHA and St John of God have commenced the three year pilot CALD project, focusing on one of the most under-served groups in our community. ERMHA has consistently identified the need to expand CALD-specific services and we welcome this development with considerable enthusiasm.

The other area of expansion has been in the provision of financial support to Special Residential Services (SRS). Aptly named the Supporting Accommodation for Vulnerable Victorians (SAVVI), this new Victorian Government initiative seeks to underpin the accommodation needs of many of our clients through the provision of funding to pension-level SRS's. ERMHA, in partnership with Peninsula Community Health Services (PCHS) are managing this new project for a cluster of pension-level SRS's located across the South East and the Mornington Peninsula and as far afield as the outskirts of Bairnsdale.

For many years ERMHA has advocated that clients' recovery thrives in the space where the support service, carers and the community intersect. It is when working in concert, with a whole of life view, that the therapeutic alliance can be established and maintained, and produce tangible benefits for the client. Consequently we have continued over the past year to highlight the need for increased recognition and support for carers in much of the work we do.

Last year's ERMHA & MIDDWAY Walk and Festival had "Recognition and Support for Carers" as its theme and we were fortunate to have Jo Buchanan, carer and author of "Wings of Madness", speak of the enormous efforts associated with being a carer of someone with a severe and enduring mental illness. Following on from that Jo ran two very successful workshops for carers early in 2007 and we plan to continue building on this important work expanding the self help, education and support options available to carers.

The growth of services across ERMHA would not have been possible without the support of our funding bodies and I take this opportunity to offer particular thanks to the Victorian Department of Human Services for the continued commitment they have shown to ERMHA, its clients and carers. The Southern Metropolitan Regional Office of DHS together with the Mental Health Branch have placed considerable faith in ERMHA's ability to design and deliver innovative services and we are committed to maintaining the continuous quality improvement approach of reflection, adjustment and implementation that has evolved over recent years.

On a cash flow basis, ERMHA's annual turnover reached \$6,000,000 in the 2006-07 financial year which is of itself worthy of mention in this report, and while we measure our success in terms of the outcomes that are achieved by our clients rather than by the amount of money that flows through our service, it is important to also

acknowledge that the service was able to attract this level of funding, deliver a higher level of service to the community than ever before, and return a surplus budget.

Over recent years another issue has emerged. It has become increasingly apparent that even with service growth and the introduction of new support models, the service has struggled to fully meet the revised targets established in 2005.

The service had grown considerably over recent years with the establishment of new teams targeting specific service delivery areas. Each of these new teams had their own team leader reporting to a manager who reported to the CEO. The organisation had grown to six managers and nine team leaders. It was clear that ERMHA had become middle-management heavy and resources needed to be re-allocated into direct service delivery.

In 2007 a complete service restructure was undertaken which divided the service into two streams. The General Services stream brought together Recovery, Home Based Outreach and the Structured Group Training programs which effectively joined up the core services delivered in Greater Dandenong and Casey & Cardinia. PARCS was included in this stream as well because of the Group Training focus that PARCS has established. The second "Specialist Services Stream" realigned all of the existing LINX programs, grouping together those with an Intensive Support focus into the Intensive Support Program and those with an Assertive Outreach approach into the Pathways Program. Each stream has its own Program Director reporting directly to the CEO.

The 2007 restructure saw four program managers replaced by two new Program Directors and nine team leaders reduced to seven, effectively freeing up the resources of four full-time (EFT), positions for direct client services. The revised structure provides a more streamlined leadership and accountability path and improves efficiencies in resource allocation.

While the rationale for these changes was indisputably clear, restructures often come with redundancies and sadly Peter Wrigley and Frances Stewart, having chosen to accept redundancy packages, left ERMHA. Both Peter and Frances had been long term, highly respected and valued members of the ERMHA executive team. They added considerable value to their respective program areas and to ERMHA as a whole and will be missed by all of us who have had the good fortune to work with them over the years. On behalf of the board, staff and clients of ERMHA I would like to take this opportunity to sincerely thank Peter and Frances for their efforts and achievements with ERMHA and wish them every success in all their future endeavours.

It is important to note that the success of the restructure and the further development of our programs and services over the course of this year have been built on the commitment and dedication of our staff and I take this opportunity to acknowledge their work. The contribution of many of the staff at ERMHA goes well beyond that which they are required to deliver and I am grateful for the

effort they make and feel privileged to be a part of such a dedicated team.

In early 2006 the ERMHA board noted that the organisation's 25<sup>th</sup> anniversary was approaching and that it was time to make plans to celebrate the event. It was a straightforward issue until Maureen Goodman, who holds the position of secretary on ERMHA's board, pointed out a twist in the tale... ERMHA has two birthdays.

After some discussion the story became clear. It would be entirely appropriate to celebrate October 1981 as ERMHA's birthday because that was the month in which the original public meetings were held in order to generate volunteer support for the mentally ill in the Dandenong area. The direct result of those meetings was the creation of the Services and Support Group whose members included volunteers and staff of the Dandenong Psychiatric Centre. David Leonard, then the Centre's Director of Psychiatric Services, was behind the creation of the Group and would spend a good deal of the next eight years building on those early efforts. But it was the following year, 1982, that the Services and Support Group outgrew its informal role and became the Eastern Regions Mental Health Association. Its new status as a registered organisation meant ERMHA could rent premises, apply for funding and hire staff.

So which was the *real* birthday? Well, it was decided that both were real but that it was possible to celebrate only one of them. In the end it was the calendar that decided which birthday would be celebrated – there was just not enough time to write ERMHA's 25 year history and be ready for the AGM in 2006. By default 1982 became the recognised year of ERMHA's start but to compensate somewhat, the history document faithfully recounts those earliest days. "Purpose and Passion – 25 Years of ERMHA" is the culmination of countless hours of research, interviews and discussions involving numerous individuals who gave so generously of their time.

It is timely now to express our appreciation to all of those involved and particularly to the members of the Silver Jubilee Sub Committee which was established to guide the history project. A special thank you goes to John Wilkins for his faithful and eloquent recounting of ERMHA's progress over the past 25 years and for providing us with a memorable document that I believe ERMHA can be truly proud of.

In closing I would simply like to paraphrase my comments from the jubilee document. "It is my hope that twenty five years from now when the story of fifty years of ERMHA is told, it will tell of creative new insights into mental illness and of equally creative ways to relieve the suffering it can cause. However I am confident that whatever new discoveries emerge, nothing will replace the healing value of the human touch that is ERMHA."

**Peter Waters**  
CEO

# Opportunity Shops Report

The Opportunity Shops have had a very successful year, due to the dedication and hard work of our Volunteers who sort and price donations of our goods.

One of the ingredients of success has been the good relationship our staff have built up with many regular customers. Another reason for success has been the regular flow of donations from the general public.

Early this year we updated our shops, particularly in shop 13. We found that we needed partitions to close off the back of the shops. New shelving was needed at the same time. We had to purchase a new reverse cycle air conditioner. New lockers have been bought for our Volunteers. Both of the shops are working well with the new lockers.

At the present time we have 22 Volunteers. Sadly some of our Volunteers have had to leave for a time. We wish them well and we hope to have them back with us again.

In April we had a Training Session with Zoe Pelteki at Sandown Regency. The theme was "Team Work" and eighteen Volunteers attended.

We now have a new Manager of Volunteers, Arthur Rocha. He was recruited from Monash Volunteer Resource Centre and is very keen on working with our staff. We all wish him well.

To finish, I must thank all our Volunteers for the very good work that they have done throughout the year.

Betty Karlake  
Shop Supervisor.

## VOLUNTEER HOURS JULY 2006 TO JUNE 2007

MONTH	HOURS (SHOPS 9 & 13)
July	799.5
August	1044
September	704
October	687.75
November	753.5
December	364.5
January	474.5
February	611.75
March	690.5
April	547
May	780.75
June	495.75
<b>Total No of hours:</b>	<b>7,953.5</b>

## OP SHOP VOLUNTEERS JULY 2006-JUNE 2007

Kiaw Berlingieri	Laurence Purchase
Paul Galea	Bill Peters
Eileen Peters	Lina Ditocco
Suvapan Lehner	Linh Thi To
Kathleen Gaffer	Elizabeth Duval
LiLi Nguyen	Arthur Roche
Rhonda Okey	Albert Pargestu
Betty Karlake	Lostita Litia
Amanda Gorman	Ann D'Arcy
Adam Fabis	Susan McKeough
Marlene Storh	Norma Curnow
Elizabeth Ryan	Maria Auria
Olive Gilmore	Ah Mooi Lee
Kay Richardson	Margaret Weston
Raymond Johnson	C'Hardy Varughese
Paul Sullivan	Susan Karkaroglu
Peter Taudever	

## **ERMHA OPPORTUNITY SHOPS**

### **Detailed Statement of Yearly Income & Expenditure 2003 - 2007**

	<b>2006 / 07</b>	<b>2005 / 06</b>	<b>2004 / 05</b>	<b>2003 / 04</b>
	\$	\$	\$	\$
<b><u>Income</u></b>				
Cash Sales	60470	60829	52964	41070
Other Business Income	349	144	391	1975
Investment Income	674	538	723	902
Donations Received				
<b>Total Income</b>	<b>61493</b>	<b>61511</b>	<b>54078</b>	<b>43948</b>
 <b>Less: Cost of Sales</b>				
 <b><u>Less: Expenditure - Other</u></b>				
Administration & Office Expenses	2289	2486	2576	3281
Other Expenses	2488	4470	2712	1151
Occupancy & Utilities	24364	20364	17299	13983
Personnel	1466	1072	1574	4214
Service Provision				738
Sundry Operating Costs	3428	8147	3176	4003
Donation - Berwick Refurbishment				11704
<b>Total Expenditure</b>	<b>34035</b>	<b>36538</b>	<b>27337</b>	<b>27370</b>
 <b>Net Operating Surplus / -Deficit</b>	 <b>27458</b>	 <b>24972</b>	 <b>26741</b>	 <b>16578</b>

# Restructuring ERMHA

Over recent years it has remained true that a major expansion of resources into the South East is required in order to meet the community's need. At the same time it has become increasingly obvious that services need to be adjusted at the micro as well as the macro level. Over the past 12 to 18 months it has been necessary to reflect on and review the way ERMHA's services are delivered and structured.

## THE "EPISODIC SUPPORT" MODEL

In 2005 & 2006 the Casey & Cardinia and Greater Dandenong arms of the service began introducing and exploring the notion of "episodic" support. Under the "Episodic Support Model" clients are offered packages of support that are consistent with their current level of need, for an agreed period of time (for example 3-6 months). They then take a break from high level support (again for an agreed period) during which they put into practice the skills they have acquired. While this break from high level support is occurring, another group of clients can be worked with in the same manner, thereby improving client access and flow through.

After the initial reluctance by some clients to this change in service delivery style, people have come to recognise that the tighter timelines sharpen their focus on achieving their goals. Clients can maintain their ERMHA connection and more important the service can remain responsive during times of heightened need without requiring a new referral or a lengthy assessment.

In 2006 another issue was emerging. It was becoming apparent that even with service growth and the introduction of the new support model, ERMHA would struggle to meet the revised targets established in 2005.

This was due to a number of intersecting circumstances. The service had grown considerably over recent years with the establishment of new teams targeting specific areas of concern. Each of these new teams had their own team leader reporting to a manager who reported to the CEO. The organisation had grown to six managers and nine team leaders. ERMHA had become middle-management heavy.

The LINX program had grown the most to become ERMHA's largest. The Springvale PARCS program, which had been expected to assist clients with multiple diagnoses, was instead attracting many clients whose needs were not as complex as anticipated. Consequently its placement under the LINX program umbrella was questioned.

In 2007 a complete restructure was undertaken which divided the service into two streams. The General Services stream brought together Recovery, Home Based Outreach

and the Structured Group Training programs which effectively joined up the core services delivered in Greater Dandenong and Casey & Cardinia. PARCS was included in this stream as well because of the Group Training focus that PARCS has begun to emphasise.

The second service stream re-aligned all of the existing LINX programs, grouping together those with an Intensive Support focus into one team and programs with an Assertive Outreach approach into another. This became the Specialist Services stream. Each stream now has its own Program Director reporting directly to the CEO.

The 2007 restructure saw four program managers replaced by two new Program Directors and nine team leaders reduced to seven, freeing up the resources of four effective full-time (EFT) positions for direct client services.

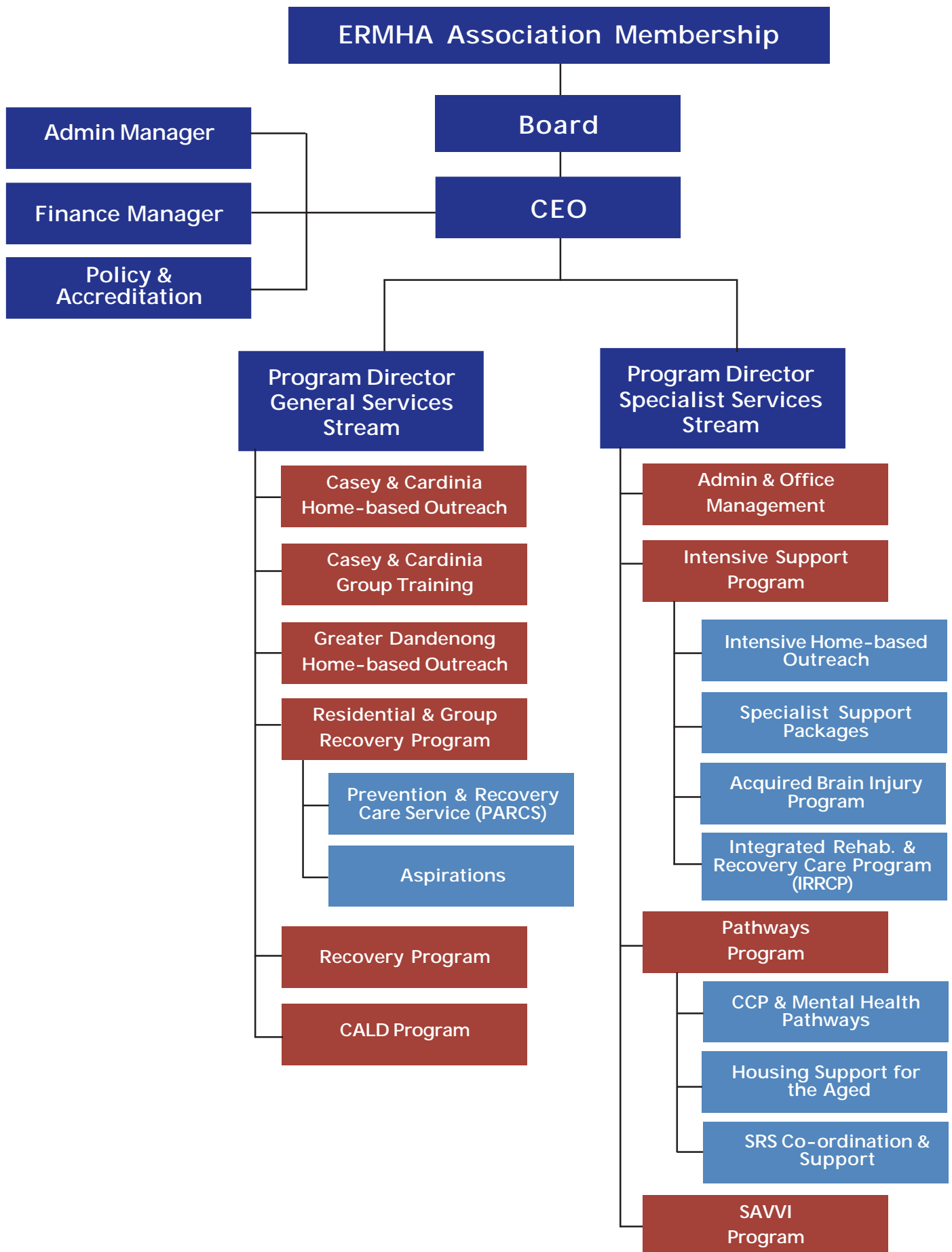
While the rationale for these changes was indisputably clear, it didn't make the process any easier. Peter Wrigley, manager of the Casey & Cardinia service, decided to accept a redundancy package and explore other horizons. But he left behind a creative and resourceful team entirely capable of continuing down the road Peter did so much to pave.

The other key person who decided it was time to move on was Frances Stewart. Frances was ERMHA's longest serving employee. She witnessed first hand the growth of ERMHA from its early beginnings and, as the manager of Greater Dandenong Services, was responsible for overseeing much of ERMHA's work in Home Based Outreach, Day Program, Group Homes and the new CALD Program. Her place in ERMHA's heart will remain.

Peter Waters, together with the new program directors Alf Francett (Specialist Services stream) and Alys Boase (General Services stream), joined managers Jane Boldiston (Admin) and Dennise Rossetti (Finance) in establishing ERMHA's new executive group. Together they proceeded with the selection and appointment of the new team leaders, bedding down the new service structure and allocating the resource savings into the areas of most need in direct service delivery.

The revised structure (shown diagrammatically on the following page) provides a more streamlined leadership and accountability path and improves efficiencies in resource allocation.

The drawing together of similar program elements like the grouping of complex client services into the one LINX Intensive Support Program under the leadership of Ari Patrikis and the joining of PARCS and the Aspirations Program under the leadership of Kim Kerr, will improve service integration, better utilise the broad mix of Staff skills and experience and allow for enhanced professional development opportunities across the service.



# General Services Stream

The General Services stream brings together the Recovery, Home Based Outreach and the Structured Group Training programs delivered in Greater Dandenong and Casey & Cardinia. PARCS was included in this stream due to the Group Training focus that the ERMHA PARCS team has initiated. The creation of this service stream effectively joins up the core services offered by ERMHA.

## HOME BASED OUTREACH (HBOS)

ERMHA's Home Based Outreach services are provided to people 16 years and over, who live in the community with a severe and enduring Mental Illness. Working with over 160 people each year, the Home Based Outreach component of our service forms an integral and critical part of the work undertaken by ERMHA.

Operating from our bases in Dandenong and the Casey & Cardinia Services base in Beaconsfield, Home Based

Outreach teams provide clients with one to one support, focused on identifying “with the client”, the goals that each individual wishes to pursue. In effect this working relationship between the worker and the client forms the basis for what could be described as a “Therapeutic Alliance” and it is often through this alliance that clients are able to articulate their goals, and staff are able to assist in mapping out a pathway for the achievement of those goals, through the development of Individual Program Plans (IPP).

## STRUCTURED GROUP TRAINING AND DAY PROGRAMS

The Structured Group Training and Day Program component of our service provides the training and skills development component of the work of ERMHA, where much of the interpersonal, social skills and day-to-day living skills training occurs.

Working with around 170 people each year our Day

Programs are a hive of activity with much of the training tailored to meet both group and individual needs. In the Dandenong Aspirations Program and in the Casey & Cardinia Day Program, Clients are encouraged to become involved in all aspects of the design and delivery of their service.

Program activities, events and groups are scheduled in pre-determined blocks of time, evaluated by staff and clients as to



The Dandenong team

**Standing left to right:** Peter Veltman, Kim Kerr, Paul Saggoo, Peter O'Neill, Nikole Charlton, Marnie Last, Simon Benjamin, Julie Lovett, James Ter.

**Seated left to right:** Artur Lyczba, Alys Boase, Jane Boldiston, Dennise Rossetti, Maria Bogdanic, Priya Mathew, Kelly Wilson, Nathan Diep



**The Casey/Cardinia team**

**Left to right:** Deirdre Byrne, Samantha Tripp Darren Deland, Alys Boase, Jessie Cairncross, Amanda Nicoll, Sharon Abel, Mary Kuzmanovski

their effectiveness during and after the completion of an activity calendar, and adjusted accordingly prior to the development of any new activity calendars. In this way Clients are able to participate to a high degree in program review and development and can accept a higher level of ownership and responsibility for the way Day Programs operate. Over the past 12 months this program approach has continued to be refined and adjusted with the view to continuously improving service delivery.

All programs utilise a “programmatic approach”, where staff are involved to various degrees in both Home Based Outreach and Structured Day Program areas. This assists in enhancing a coordinated and holistic approach to client support and rehabilitation and a multi-disciplinary approach to support for the individual Client, while providing opportunities for staff to gain new skills and experience.

Right across our service, teams have devoted considerable time to reflecting on the way in which services are best delivered and increasingly “Individual Support Packages” are designed and delivered which best match the individual client’s need. These packages are negotiated for a set period of time and bring together the resources of both outreach and day program teams to better focus the energy of the client and the team on the skill area which most needs attention or through which the client would most benefit.

Both the Casey & Cardinia and

Dandenong Teams have put considerable effort into the development of a more streamline approach to the assessment and intake procedure, which in turn has seen the freeing up and reduction of the waiting lists.

Structured Group Training is recognised by ERMHA as a crucial aspect in contributing to the Recovery process in a profound way for many consumers. The 2007 organisational restructure sought to maximise on the expertise in this area by drawing together the leadership of Aspirations and PARCS to further develop Group Programs in both services.

### PARCS

The ERMHA & Southern Health PARCS Service opened the doors to its first clients on the 24th October 2005, providing a unique intensive therapeutic program in response to consumers experiencing a sub acute episode of illness. The Springvale PARCS is an example of a sound working partnership and leads the way in reinforcing the strong working relationship between ERMHA and Southern Health’s Adult Mental Health Service.

The program caters for up to ten clients at any one time, combining Clinical and Psychosocial Rehabilitation support to deliver a specialist short term Recovery Focused approach that is tailored to the needs of each individual, and their carers and family where appropriate. The customised group program is a key aspect of this approach.

Operating 24 hours a day 365 days of the year, PARCS offers practical assistance, skills training and retraining, personal development, mental health education, as well as advocacy and linkage support.



**The PARCS team**

**Seated left to right:** Ross Sunderland, Adrian Harris, Dorothy James, Kim Kerr, Troy Fa’oa, Alan Fleming. **At front:** Frank Nedell

## THE RECOVERY PROGRAM

Combining Home Based Outreach and Day Program approaches to their work, the Recovery Team concentrate their efforts on the needs of our younger clients, aged 16 -24.

The principles of Psychosocial Rehabilitation which are used in other program areas are drawn on and blended with a particular emphasis on Early Intervention and Prevention.

The Recovery Program also utilises a range of more challenging techniques such as “Adventure Therapy” in its work with young people. By way of example an Adventure overnight getaway was held at Camp Manyung (Mount Eliza) which included activities designed to build personal esteem and resilience such as: initiative activities, low ropes, flying fox, archery and giant swing.

Over the past year we have continued to develop the working relationship between the ERMHA Recovery Program and the Southern Health “Recovery and Prevention of Early Psychosis” (RAPPS) Program. The two programs have jointly delivered groups in the past year, and in 2007 the ERMHA team developed an expanded program which includes;

- Personal Development
- What is Psychosis? (Psycho Education)
- Prevocational Courses which includes linking clients to training, education and employment
- Living skills training and retraining

Clients from both the Recovery Program and RAPPS are attending these groups.

## HIGHLIGHTS OF THE GENERAL SERVICES STREAM OVER THE PAST YEAR

The General Services Stream teams have expanded their Community Based Programs in collaboration with a range of services:

- The Casey & Cardinia team delivers an exercise program in Southern Health’s Casey Hospital Acute Psychiatric Inpatient Unit twice a week. As well as providing consumers with the opportunity to participate in physical activity, this group introduces ERMHA as a service people can access after discharge.
- ERMHA teams are collaborating with Southern Health’s Continuing Care Team to initiate a tailored Structured Group Program for particularly isolated individuals in the region.
- Working with Arts Access, ERMHA is co-facilitating the Pakenham Postcards Art Project as well as the Photography Group. Consumers

from ERMHA Programs, GARRS, and the Acute Inpatient Unit are provided with transport to facilitate attendance.

- Four ERMHA Art Projects; Recovery Program Art Group, Aspirations Art Group, the Photography Group and Pakenham Postcards have joined in a combined effort to host the Art Exhibition at the Old Cheese Factory in Berwick during Mental Health Week this year. A range of “come & try” activities will be held, the Livewires Band will perform, and catering will be supplied by ERMHA’s Multicultural Group.
- The Aspirations “Breakfast” has moved to Thursday morning and continues to be well attended, averaging over 50 customers a week. The Aspirations Staff and Client Catering Team deserve special “Thanks” for this mighty effort.
- The community information sessions on Day Program and Outreach Programs have continued this year with large numbers of people participating during 2007. A Dandenong client working group have produced a DVD, which promotes the Aspirations Day Program, for the Dandenong sessions.
- The Aspirations Newsletter has increased its circulation over the past year and continues to be an effective way of informing people about the program and as a means of promoting the successes and achievements of our client group.
- Our continuing focus on client involvement has seen the client/staff weekly decision making meetings at the Aspirations Program, now consistently being chaired by clients.

The Staff across ERMHA’s General Services Stream in Home Based Outreach, PSR Day Program and Recovery Programs, exhibit a high level of enthusiasm and creativity in the work they undertake and we are fortunate to have attracted and retained the services of so many skilled individuals from such varied backgrounds. They are able to reflect on the work they do and design and deliver new and interesting, life skills and personal development opportunities for our clients and it is an honour to work so closely with such a skilled and dedicated group.

Alys Boase  
Program Director  
General Services Stream

# Specialist Services Stream (LINX)

The Specialist Services Stream in ERMHA, also known as the LINX Program, has continued to expand and develop the provision of a range of supports to people with high or complex care needs.

LINX has integrated service response for its target group with other agencies and the wider community involving:

- PDRSS agencies from across the Southern Region
- Clinical and Area Mental Health Services
- The Courts
- Hospitals, Medical Staff and GP's
- Real Estate Agents, and
- Transitional Housing Managers

Through the successful development of partnerships and joint projects LINX has been able to provide clients with a diverse range of mainstream and specialist services, both within ERMHA and across the broader service system.

The inclusion of three new programs, with ERMHA as the Lead Agency, has been a particular highlight of the past 12 months and has meant that LINX has increased the

options for support and accommodation available to a broad range of new and existing clients.

## MENTAL HEALTH PATHWAYS (MHP)

A three way partnership between Southern Health Clinical Mental Health Services, WAYSS Transitional Housing and Accommodation Support Services and ERMHA, the Mental Health Pathways Program has been established to assist those people who are currently inpatients in an acute psychiatric unit and who have been identified as homeless or at risk of homelessness on admission to hospital.

The ERMHA Mental Health Pathways worker engages with the hospital social worker and medical staff to develop a support plan with the individual client before they are discharged from hospital. Clients are introduced to WAYSS in order to draw on their housing and accommodation referral expertise and, when needed, are able to access funds to support the establishment of safe, secure and affordable housing.

The Mental Health Pathways initiative aims to break the cycle of homelessness which impacts so significantly on people's ability to deal with their mental illness. As Harry Karlake (past president of ERMHA) so eloquently put it in the ERMHA history document "who can possibly address their mental illness when living in a drain pipe?"

Covering the Local Government Areas of Greater Dandenong, Casey, Cardinia and the Local Services Area of Frankston East, the Pathways Program is a welcome



**Members of the Specialist Services Team**

**Standing at rear:** Paul Te Paki **Second row left to right:** Deborah Heaysman, Huia Dyjak, Linda Lock, Alf Francett, Deborah Fleming, Ari Patrikis, Julie Schafer. **Front row:** Arthur Tsotsos, Sue Caro, Robert Spillane, John Witschi

addition to the suite of supports available to our clients.

### **INTEGRATED REHABILITATION & RECOVERY CARE PROGRAM (IRRCP)**

The Integrated Rehabilitation and Recovery Care Program (IRRCP) is a Mental Health Branch initiative designed to support the successful transition of selected residents from bed based extended care clinical facilities (Secure Extended Care Units and Community Care Units in metropolitan Melbourne) to the community through the provision of a dedicated, intensive, sustained and integrated support response. The IRRCP is a collaborative partnership between the Psychiatric Disability Rehabilitation and Support (PDRSS) and clinical mental health service sectors.

The Southern Metro Region IRRCP Alliance was formed following a call for submissions for the delivery of services across the Southern Region of Melbourne. For the purpose of this project the partners have agreed to act as a non-incorporated consortium with ERMHA as the lead agency and funds holder.

The PDRSS & Clinical Services partners are

- Reach Out- Southern Mental Health
- Uniting Care - Prahran Mission
- Richmond Fellowship Victoria
- Peninsula Support Services
- ERMHA
- Southern Health – AMHS
- The Alfred – AMHS
- Peninsula Health - AMHS

The Partners have agreed to work together in the design and delivery of individualised packages of a higher level of combined clinical and community treatment support than is usually available. These packages of higher level support will be delivered for an agreed time frame and will ultimately link each individual with mainstream services at a sufficient level to maintain their place in the community.

The IRRCP essentially aims to improve consumer outcomes through:

- The provision of more targeted and time limited, high level psychosocial rehabilitation and clinical support;
- Facilitating access to appropriate housing or other accommodation options; and
- Increasing opportunities to participate in community activities such as recreation, education, vocational training and employment.

The IRRCP also aims to embed system improvements through:

- Strengthening collaborative practice between the PDRS services, extended care clinical services (SECU and CCU) and local Clinical MSTs;
- Improving continuity of care for consumers across these service components, particularly at critical transition points;
- Increasing capacity for the PDRSS sector to support high needs consumers; and

- Increasing the response capacity of clinical bed-based services.

The Southern Metro IRRCP partnership builds on the expertise developed by the Clinical & PDRSS sectors over recent years and is project managed by Alf Francett and Ari Patrikis, drawing on their considerable experience in complex client support.

### **THE SUPPORTING ACCOMMODATION FOR VULNERABLE VICTORIANS INITIATIVE (SAVVI)**

This is a new Victorian Government initiative to provide for the needs of vulnerable Victorians and to support the viability and sustainability of the pension-level Supported Residential Services (SRS) sector. ERMHA is the lead agency working in partnership with Peninsula Community Health Services (PCHS) to manage the program for a cluster of 13 pension-level SRS's located across the South East, the Mornington Peninsula and as far afield as the outskirts of Bairnsdale. ERMHA is working with ten SRS facilities and PCHS has three.

This initiative assists the SRS sector to meet some of their direct care costs in the form of Facility Cost Relief Funds, which are administered by the two agencies.

The partner agencies also provide support to the individual SRS proprietors, as well as at the cluster level. With the combined expertise of Julie Schafer from ERMHA and Jean Phillips from PCHS, this initiative should go some considerable way to improving the viability of SRS facilities and preventing the closures that have plagued the sector over recent years.

### **LINX RE-ALLIGNED**

The 2007 restructure rationalised the configuration of the mix of programs under the LINX umbrella. It brings together those programs with a focus of short term support and linkage or with an assertive engagement approach into a single team under the banner of The Pathways Program. Programs with a more intensive service delivery approach form The Intensive Support Program.

### **THE PATHWAYS PROGRAM**

Under the leadership of Suzie Carter and with her extensive experience in the areas of assertive outreach and mainstream linkage work, the Pathways Program draws together the Community Connections Program (CCP), the Housing & Support for the Aged Program (HSAP), the SRS Coordination & Support Program (SRS) and the new Mental Health Pathways Program (MHP). The result is a program which is better able to seek out and respond to the needs of clients in often unsafe and low cost accommodation or homeless circumstances.

### **INTENSIVE SUPPORT PROGRAM (ISP)**

Able to tailor its intensive home based outreach support to the needs of each individual client, the ISP is client-centred in its approach to service delivery, and provides a flexible and responsive approach which helps clients

overcome often complex obstacles as they work to achieve their stated goals.

The ISP brings together the Intensive Support Service (with its homelessness emphasis), Specialist Support Packages and the Support & Choice Packages (with their respective dual diagnosis and dual disability focus), Acquired Brain Injury Program (ABI) and the new Integrated Rehabilitation and Recovery Care Program (IRRCP). This alignment of program approaches provides a greater capacity for staff movement around and within the various intensive support elements. This flexibility promotes professional development and competency building and reduces the potential for worker/client fatigue. Ari Patrikis has taken on the role of team leader of the Intensive Support Program and is building on the reputation for excellence that LINX has developed in this complex client area.

#### RDNS HOMELESS PERSONS PROGRAM

The Royal District Nursing Service Homeless Persons Program (HPP) provides a specialist Community Health Nurse who works with and on behalf of people experiencing homelessness. The HPP nurse uses an assertive outreach

approach to engage with and support clients where they live.

The co-location of the HPP at LINX continues to be mutually beneficial to both services. However, most importantly co-location allows clients to have better access to a greater variety of services and support.

The Specialist Service Stream has been fortunate over the past year to attract a number of highly skilled and qualified individuals who bring with them extensive experience in psychosocial rehab and support. It bodes well for the future of our specialist support initiatives.

Alf Francett  
Program Director  
Specialist Services Stream

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## Administration & Finance

This small but critical component of ERMHA is often forgotten when we consider the work undertaken by ERMHA, but without the exceptional efforts made by the finance and admin staff at head office and the reception and admin staff at the various centres, our direct service delivery staff would struggle to keep up with the reporting, administrative and continuous quality improvement demands placed on a modern service.

We have been fortunate at ERMHA to have attracted and kept this highly skilled and multi tasking group of people, who are often the first point of contact for our service. The leadership shown by our administration manager Jane Boldiston and finance manager Dennise Rossetti and the consistent and committed efforts of Linda Lock, Samantha Tripp and Kelly Wilson, has assisted greatly in achieving the organisations goals over this past year.

**Above:** Jane Boldiston, ERMHA's Admin Manager and **below,** Dennise Rossetti, Finance Manager



# Community Education & Health Promotion



Not only is stigma one of the most intransigent barriers to recovery, the undeniable fact is that stigma can only be addressed by the community as a whole. Regardless of what may be mandated by governments at all levels, its only by bringing the community together, to act in concert, that a shared understanding of mental health issues can be achieved and progress towards community wellness generated.

Over the past year staff from across ERMHA have continued to build on the community education approaches to community groups/services/schools etc. providing information about mental illness as well as the range of ERMHA Services that are available.

These activities make a significant contribution to increasing the community's awareness of the issues confronting people living with the added burden of mental illness, and build a better understanding of the services offered at ERMHA.

During the past year several of ERMHA's clients have become involved in our community education program and have brought significant value to these approaches through their ability to add a human face and story to the information provided. The Aspirations program's "Public Speaking Group" has been instrumental in building the skills and confidence needed to undertake this activity and we hope to see an increase in the number of clients who are willing and able to participate in this important element of the work of ERMHA.

The work undertaken across ERMHA connected to the MIDDWAY Alliance and the partnerships that have been formed around the managing of the annual Community Walks and Festivals for Mental Health have been invaluable in improving our capacity to influence and inform the broader community regarding many issues associated with mental health and wellbeing.

Over recent years our mental health week events have commenced with a walk from the Dandenong Park through the CBD and culminating at a festival held in the forecourt of the Dandenong Market. The festival and walk have provided expert speakers, entertainers, music, dance and food as well as a broad range of information about mental health via stalls from a range of organisations and groups. However it is fair to say that while these events have been very successful in attracting large numbers of people to central Dandenong to celebrate mental health and bring messages of hope and encouragement to people affected by mental illness and their carers, we have to admit that to some extent we have been preaching to the converted.

In 2008, bearing in mind Greater Dandenong's desire to "reactivate Palm Plaza as a vibrant public space we can all enjoy" as part of the rejuvenation of central Dandenong and ERMHA and MIDDWAY's desire to broaden the audience of our key messages, it is proposed that a "Community Mental Health Festival", is held in the Palm Plaza, on the weekend which marks the beginning of National Mental Health Week.

The planning which is currently underway for this Festival will draw on the relationships that have been built over the past 6 years of mental health week events and aims to engage a broad range of community services, social and service clubs and will seek to expand the reach of our messages to a far broader audience than we have previously been able to connect with. It is envisaged that by utilising themes such as "Mental Health – it's everybody's business" and "R U O K 2 Day" and promoting subtle messages such as the "one in five" slogan and the "Lemon Looing" mental health snakes and ladders board game, this event will have a significant impact on the level of understanding and acceptance of mental health issues in the broader community.

# The CALD Project

In 2007 St John of God and ERMHA initiated a three year pilot program to support and grow the existing ERMHA multicultural psycho-social rehabilitation program. This partnership initiative has been designed to better meet the needs of people from a Culturally and Linguistically Diverse background who are affected by mental illness.

ERMHA's previous experience of developing the multicultural project demonstrated that engaging CALD clients and developing therapeutic alliances with each individual, while of critical importance, also posed particular challenges. Mental health services have traditionally experienced limited success in developing ongoing working relationships with people in this client group. This highlighted the need for ERMHA to devise an alternative program which catered for the differing understandings of mental illness. It was also important that such a program be sensitive to cultural considerations regarding the stigma surrounding mental illness for the individual, their carers, and their community. The initial program was built up by Nathan Diep operating as a sole practitioner. With St John of God's support for this Project, Nathan is now the Team Leader of three staff.

The CALD Project commenced by establishing links to a broad range of ethno-specific groups including but not limited to the Indo Chinese, Afghan, Horn of Africa, Indian & Sub Continental communities.

The vision of the proposed partnership as stated in the project is to:

- Build on the existing “ground-breaking” work being undertaken by ERMHA
- Increase capacity to cater to more specific cultural needs
- Improve access for a greater range of clients and families
- Broaden attendance from other cultural groups, particularly the newest arrivals to Australia from the Horn of Africa and Afghanistan
- Build links with the Islamic community to promote the project and improve service relevance and responsiveness to identified local need within the Islamic Community
- Develop and articulate successful strategies in engaging with local CALD communities.
- Further develop and articulate the CALD specific “Model of Service”
- Showcase and promote the articulated model of service.

There are over 170 different community languages spoken in the southeast region with new arrivals settling here from all over the world. The southeast of Melbourne accepts more refugees than any other region in Victoria, and is the 2nd highest new settlement region in Australia.

While this new project is in its infancy the response to date from a range of community groups, individuals and carers has been enthusiastic and encouraging and we expect to gain considerable knowledge about how best to engage and work with this diverse target group as the project proceeds.



**The CALD team**

**Left to right;** James Ter, Marija Bogdanic and Nathan Diep