

# AsPaC Conference 2010 Hobart, Tasmania

“Ngulla Mia – Using a Recovery Approach  
in service homeless individuals with a  
mental illness



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## Overview

- Richmond Fellowship of WA Services
- Perspectives on Recovery
- Homeless – Policy and Service Contract
- Ngulla Mia Service of Richmond Fellowship of WA
- Current Context in WA
- Achieving Better Outcomes



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## The Recovery Dilemma

- People can be surrounded by services but get no help)



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## Understanding the 80/20 Rule

- 20% of the problem is the effect of the symptoms of the diagnosis
- 80% is the impact of the diagnosis. Their world falls apart



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## The Key to Recovery is in the Relationship

- Traditional Service Approach – a relationship between professional and the ‘diagnosis’ (not the person)
- A Recovery Approach – establishes a relationship with the person and their story and focuses on outcomes – Quality of life of the individual



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## The Four Top Priorities of Recovery from My Perspective

Recovery should be achievable irrespective of a person's cultural context, or a person's location in WA

My Four Recovery Priorities are:

1. Person Centred Planning
2. Peer Support/Employment Evaluation
3. Evaluation
4. Self Directed Care



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## Homelessness – Policy and Service Context

- Commonwealth Inquiries of “The Road Home”(2008)
- State Social Housing Task Force
- “Closing the gap”
- Mental Health Accommodation Strategy (WA)



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## Why Richmond Fellowship and Homelessness?

- Common client base
- Not a traditional service provider
- Transitional homeless tender



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# Ngulla Mia

- Ngulla Mia – Our Place
- Homeless, mental illness twelve month transitional accommodation
- Recovery framework
- Built around relationships
- Voluntary engagement
- Not crisis or walk in



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# Innovation

## Traditional

- Institutionalized
- Not individualized
- Meeting the organizations needs
- Food & shelter orientation

Default based residual service



## Ngulla Mia

- Person centered
- Recovery focused
- Individualized plans
- Relationship based

Strengths based recovery orientation  
Key Worker relationship



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## Referral and Partnership with their Agencies

### Intake

- Referral process from Perth Inner City Clinic
- Initial screening from clinic
- Joint selection committee



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## Referral and Partnership with their agencies

### Service Relationships

- GP's
- Dental Services
- Outreach support services
- Broader individual family service providers  
e.g. PhAMS, Anglicare, Ruah, Mission Australia, Uniting Care West etc
- Police and emergency services



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# Service Program

## Engagement & Planning - (The first 3 Months)

- Individual planning
- Addressing physical health needs
- Addressing social skills
- Enhancing personal relationships.



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# Service Program - Part 2

## Consolidation : The next 6 months

- Tailoring the plan: Employment, Education, Relationships.
- Personal Progress. Eg, Voice Works and Quit Smoking.
- Providing daily structure.



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## Service Program - Part 3

### Transition planning: The last 3 months

- Semi independent living skills
- Mentoring role
- Housing provider
- Employment provider



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## Risk

### Building

- Single Rooms, no en-suite, is likely to draw negative reaction
- Not energy efficient and cannot capitalize on more energy efficient advice
- Institutional focus as opposed to a social housing orientation.



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## Risks

### Personal

- Safety
- Mixed gender
- Trust
- Transition
- Acceptance of responsibilities
- Risk of failure



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## Risks

### Financial

- Funding model based on bed occupancy
- Referral process
- Alternative models of accommodation support



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## Risk Management

- Benchmarking with St Mungos in London
- Supervision and support
- Personal safety strategies
- Training
- Interagency partnerships
- Research and evaluation



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## Outcomes Focus

- Person centered not organisation centered
- Link to best practice research
  - International recovery literature
  - Local research on Hearing Voices Groups
  - Research around what works with homeless services



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## Outcomes Focus

- Innovative practice – voices groups, drumming, employment, voices work, self directed care.
- Engaging in staff and recovery training, including the cook and cleaner.
- Overseas examples



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## The WA Context

### Economic Audit Report

- Citizen centred
- Self directed care
- Mental health and homelessness priority
- Increased role for the Community Services (not for profit) Sector



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# The WA Context

## Mental Health Commission

- March 2010 - established
- Commissioner appointed – September 2010
- Single point of purchasing in WA Government
- Already have a separate Minister for Mental Health



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# Conclusion

- Recovery focus of Ngulla Mia vs traditional homelessness service approach
- The context in WA



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# Thank You



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