



From Hospital to the Community: Evaluating the Outcomes of a Co-ordinated Step-Down Program.



Neami's Vision

“Neami aspires to be the leading national organisation providing mental health services. Neami aims to influence service systems so that people with a a mental illness are socially included in Australian society.”



Macarthur Step Down

- A partnership between Sydney South West Area Health Service and Neami.
- 6 month, time limited program.
- Focused on skill development allowing people with a severe and enduring mental illness to transition to more independent long-term accommodation.



History

- Housing allocated to the local mental health rehabilitation service were being under utilised, primarily due to staffing issues.
- Neami had slippage funds from setting up of HASI service in the area.
- 4 two bedroom properties were identified for the program.



- At an initial meeting between Neami and SSWAHS it was decided to use the housing stock that was vacant for a respite and step up, step down program.
- Psycho-social rehab would be provided by Neami Macarthur.
- Clinical management and rehabilitation would be provided by the Macarthur Community Rehabilitation Team (MCRT).



Target Population

- Aged 18 - 65
- Residing in Macarthur, Camden or Wollondilly LGAs.
- Diagnosed mental illness.
- Multiple presentations to acute inpatient services.
- Difficulties in maintaining independent community accommodation.
- Rehab needs that could be met from an intensive period of psychosocial support.



Referral & Assessment

- Referrals made to Neami by acute inpatient settings or community mental health service.
- Joint intake assessment interview with members of Neami and MCRT.
- Once assessed, referrals discussed at weekly joint meeting.
- Consumers placed according to priority and appropriateness, taking into account current residents.



Individual Service Planning

- Needs assessed on intake.
- All participants complete CAN and Basis-32 within first 4 weeks of program.
- Joint ISP meeting with consumer, Neami staff, MCRT staff and other supports, including carers, as appropriate.
- Clarifies goals, outlines responsibilities of consumer, Neami and MCRT staff.



Partnership - Roles & Responsibilities

- Clinical and PSR rehab support roles allocated using domains of the CAN.
- Neami (PSR): Accommodation, Food, Looking After Home, Daytime Activities, Company, Intimate Relationships, Sexual Expression, Childcare, Education, Telephone, Transport, Money Benefits.
- MCRT: Psychotic Symptoms, Info on Condition & Treatment, Psychological Distress, Safety to Self, Safety to Others, Alcohol, Drugs.
- There is, of course, overlap between domains. Joint ISP planning helps here.



Partnership - Communication

- Joint weekly meetings to discuss case reviews, referrals and any other issues that arise (e.g. OH&S issues).
- Regular contact between on the ground workers.
- Planning day to evaluate policies and procedures.
- Housing provider and social workers from inpatient units invited to meetings bi-monthly.



Evaluation & Outcomes

After 15 months of the program operating:

- 14 consumers had been accommodated – 10 men, 4 women
- Age range 19-55years (M=32.8)
- All had a primary diagnosis of Schizophrenia
- Most common co-morbidity substance abuse and gambling
- Average length of stay – 6 months



	Emergency admissions	Inpatient admissions	Community contacts
6 months prior stepdown	21	29	19
During stepdown	12	4	90
6 months post stepdown	14	8	101