

## Mental Health & HACC

- Overview of HACC
- Overview Community Options
- What is happening
- What is working
- What is not working
- Clients questions

## Overview - HACC

Home and Community Care program funds basic maintenance and support services to help frail aged and younger people with disabilities to continue to live in the community

## HACC eligibility

- Frail aged
- Younger people with disabilities
- Carers
- People of any age may be eligible
- They must live in the community and have difficulty performing every day tasks without help due to their frailty / disability
- At risk of admission to long-term residential care

## HACC service types

- Direct maintenance and support services essential to client well-being
  - Nursing and allied health
  - Personal care
  - Meals
  - Domestic assistance
  - Home maintenance and modification
  - Transport

## HACC service types

- Assessment, referral and co-ordination
- Carer support, including respite care
- Information, training and advocacy services

## Non –HACC services

- Services not available through HACC include;
  - Accommodation
  - Treatment for acute illness
  - Rehabilitation services
  - Families in crisis
  - Palliative care

## HACC guidelines

As per HACC guidelines July 2002

Eligibility not diagnosis driven.

Reflects level of maintenance and support required.

Capacity to undertake ADLs

Level of risk of LTRC

## Clients with a mental illness

Cannot be excluded from consideration for eligibility unless the request for service:

- Relates to an acute or post acute episode only
- Is for service or support more appropriately provided through Mental health or DSP
- Where requirement for services would be reduced through alternative management of their illness by GP or MH service

## Community Options

- Case Management
- Functions of case management
  - Assessment
  - Care Planning
  - Brokerage
  - Information and referral
  - Monitoring
  - Review
  - Closure

## COPS and Mental Health

- Brokerage model
- Case Managers not usually trained mental health professionals
- Access to funds to purchase services
- Conduct comprehensive functional assessment of all needs

## Brokerage model and Mental Health

- Difficulties implementing brokerage model for clients with:
  - High level of severity of mental illness
  - High dependency on service provision / family
  - Complex, high care needs
  - Little / no family involvement
  - Minimal community resources incl. brokerage funds
  - Service staff with limited training in Mental health
  - Service staff with little / no understanding of mental health

## Current problems

- Conflicts between HACC services, Health services and Clients
  - Roles and responsibilities
  - Interpretation of program guidelines
  - Eligibility
  - Diagnosis
  - Assessed needs v funding availability
  - Crisis management v Shared care management
  - Mental illness - stigma

## What is working

- Clinical case management
- Recreational / social programs
- Carer support groups
- Community integration

## Client / Carer queries

- What is the diagnosis?
- When is HACC appropriate?
- What support do I get when I'm well?
- I'm a carer, what am I entitled to?
- Are staff trained in aspects of Mental health?

## Case Management

- Who is the case manager?
- How is this role determined?
- How is specialist care ensured?
- How do we avoid duplication of services?
- How do we improve access to HACC and other community services?

## Recommendations / food for thought

- Case conferencing
- Client reviews
- Care planning
- Strength case management model
- Carer support
- Specific training
- Accurate diagnoses
- De-stigmatise Mental Health
- Target resources more appropriately
- Accountable service delivery