

# **STRENGTHS BASED RECOVERY THROUGH SUPPORTED**

## **ACCOMMODATION**

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### **ABSTRACT**

*The Mental Illness Fellowship of North Queensland operates the only lifestyle and transitional supported accommodation service in North Queensland, providing individuals with serious and chronic mental illness with opportunities for recovery and life satisfaction. The program is based on non-clinical counselling, family support, linking to services, education, art and employment programs in the community. The program provides an exit point for hospital and rehabilitation services and supports transition into the community through our holistic strengths based approach. The support occurs alongside the tenants, identifying goals and strategies in a partnership which may include community mental health case manager, support services, family members and friends. Support and contact is continued into independent living accommodation before tapering off. With limited vacancies and resources available, selection is based on whose needs are best met. The program has demonstrated since 1989, through regular evaluation, reduction of hospitalization, relapse, trauma and great improvement in achievement of personal, clinical, non-clinical goals and quality of life for individuals. Key factors in the program's success are the shared visions of recovery, focus on people's strengths rather than deficits, staff attitudes and a commitment to successful outcomes over extended timeframes.*

### **INTRODUCTION**

I'd prefer to share a short story first that some of you may have heard on radio national a few weeks ago, to maybe give us the opportunity for closer connection. It is a story about Mother Theresa. I don't know much about Mother Theresa's approach or her religion but I was touched by something she said. The story starts with Mother Theresa going to visit some of the poorer areas of Washington D.C. When people learned of her visit, some news reporters and political figures asked her what her plans were and if she was going to start a program to help the people. She didn't respond and simply went to visit the people she wanted to visit. The news reporters and political figures were a bit confused by this and they followed her and asked her again what her plans were and if she was going to start a program to help the people. Mother Theresa simply replied "I've come to participate in the people's suffering. The answers will come when I listen to the people." I was touched by what she said and the principles behind what she said that seem similar to my understanding of the basic principles of successful community development and looking for people's strengths to affirm. Before I heard this story I often replaced the word suffering with the word experience and now I recognise that maybe I was not acknowledging the depth of pain that people experience when mental illness is severe and on-going in people's and family's lives.

I'm sure there are people reading this with personal and work experience in similar areas to the ones in this paper. I hope to confirm some of these experiences and add my experience of the Fellowship's perspective. First I will talk about the organisation that operates the supported accommodation, then the program itself, followed by its vision of recovery and strengths based approach. I will then talk about some Qualitative and Quantitative research and evaluations supporting the program.

### **MENTAL ILLNESS FELLOWSHIP OF NORTH QUEENSLAND.**

The supported accommodation program is one of the programs delivered by the Mental Illness Fellowship of North Queensland. One of the strengths that the supported accommodation draws on is the opportunity for people to access the other programs provided by the Fellowship to people experiencing mental illness, their friends, family and the community.

I might just share a bit about the Fellowship to show how the supported accommodation's vision of recovery comes partly from the vision of the Fellowship and how it developed. The Fellowship was formed

in 1986 by and for people, their families, and friends, living with schizophrenia and other mental illnesses. The Fellowship is a member driven, voluntary organization with a small permanent staff that support people with mental illness and their families to lead full and meaningful lives in their community. The Fellowship provides a growing range of services and programs that include information and support, community awareness and education, a mental health library, art and music programs, newsletters, support and resources for structured and peer support groups for people experiencing mental illness, their family and friends. The Mental Illness Fellowship of North Queensland is part of the Mental Illness Fellowship of Australia.

### **SUPPORTED ACCOMMODATION PROGRAM AND STRENGTHS BASED APPROACH.**

The Mental Illness Fellowship of North Queensland operates the only lifestyle and transitional supported accommodation service in North Queensland with both support and accommodation offered in the same program. It provides people with serious and chronic mental illness with opportunities for recovery and life satisfaction. The program is based on non-clinical counselling, family support, linking to services, and education, art and employment programs in the community. The program provides an exit point for hospital and rehabilitation services and supports transition into the community through our holistic strengths based approach. The support occurs alongside the tenants, identifying goals and strategies in a partnership which may include community mental health case manager, other support services, family members and friends. Support and contact is continued into independent living accommodation before tapering off. With limited vacancies and resources available, tenant selection is based on whose needs are best met from the people who apply to join the program. Tenant selection is done by an independent volunteer panel made up of people who have experienced mental illness, family members, carers and other community members. Key factors in the program's success are the shared visions of recovery, focus on people's strengths rather than deficits and a commitment to successful outcomes over extended timeframes. The support draws on Carl Roger's principles of building relationship through respect, empathy, reflection of feeling and the other basic counseling micro-skills.

People voluntarily sign the same residential tenancy lease agreements and have the same rights that anyone does when renting a flat. The program is supported in part by students on placement and volunteers which helps to reduce stigma and build positive attitudes in the community. To document the person's progress in a strength based way, each of the people are asked to keep and write in their own personal journals, each visit, about the progress they have made towards their goals which are identified in their support plans in their own words.

### **THE VISION OF RECOVERY**

William Anthony PhD from Boston University talks about a similar vision of recovery in which he believes we are all recovering from life catastrophes. William asks us all to think about the life catastrophes we have all recovered from. Whether it be the loss of a loved one, an accident or injury or loss of a job etc. and remember what it was that helped us to recover and live through them. People experiencing mental illness and family members will be the first to remind us that the experience of mental illness is very different to those experiences; however, some of the things that helped us to recover are the things that help people experiencing mental illness to recover. For example, supportive friendships and experiences, listening to other's experiences, art, music, God/ religion etc.

### **QUANTITATIVE RESEARCH**

In the Australian & New Zealand Journal of Psychiatry Volume 37, February 2003, Vaughan Carr and Amanda Neil and a number of other contributors from the Centre for Mental Health Studies and the University of Newcastle, wrote an article titled "Costs of schizophrenia and other psychoses in urban Australia" that used

*"Mental health and service utilization data from 980 interviews in a 1-month census-based survey to estimate the economic costs associated with people experiencing psychosis.*

It estimated the

*"Annual societal costs for the average person experiencing psychosis are of the order of \$46,200, comprising \$13,800 in inpatient mental health care costs \$27,500 in lost productivity, and \$4,900 in other mental health and community services costs."*

The average cost of our supported accommodation per person in the first year is \$6500-half the inpatient mental health costs identified in these figures and this cost generally decreases each year for each person as they move through the service.

Based on personal histories I believe it would be accurate to say people enter our service with similar annual inpatient mental health care costs (ie\$13,800) and then this drops dramatically in the first six months and continues to drop until the average number of hospitalisations per person per year drops to one or less after 12 months.

This has been the case for all people moving through the service in the last four years.(12) Based on these figures alone the service makes sense economically without even recognizing the gain, instead of the loss, in productivity(\$27,500 ) that happens as people move back into education, volunteer and paid employment.

The study goes on to suggest that

*“Psychosis costs the government at least \$1.45 billion per annum,[ while societal costs are at least \$2.25 billion per annum (including \$1.44 billion for schizophrenia).]There may be substantial opportunity costs in not delivering effective treatments in sufficient volume, not intervening early, and not improving access to rehabilitation and supported accommodation.”*

In a further study by the same authors also in Australian & New Zealand Journal of Psychiatry titled “Allocation of resources and psychosis” based on service use and psychosocial data, they propose that

*“The patterns of service use and expenditure on psychosis suggest certain imbalances, including an over-reliance on hospitalization, low levels of supported community accommodation, and inadequate provision of evidence-based psychosocial treatments, rehabilitation and supported employment programmes.”*

## **PROGRAM EVALUATIONS**

The program has demonstrated since 1989, through regular independent and internal evaluation, reduction of hospitalization, relapse, trauma and great improvement in the achievement of personal, clinical and non-clinical goals and quality of life for individuals. I believe some of the reasons for this success are that service participation is voluntary, strength based and coordinated by one worker so people have that continuity of support. It is my experience that working from a strength based approach translates into less worker burnout and less staff turnover translating into more consistent care for people.

## **QUALITATIVE RESEARCH**

In another article titled “The experiences of people with schizophrenia living in supported accommodation” in the Australian & New Zealand Journal of Psychiatry, Volume 36, June 2002, Verity Humberstone from the Intensive Community Team at South Auckland Health in New Zealand wrote

*“Qualitative methodology for people with persistent psychotic symptoms allows for a depth and richness of information that may not be accessed using quantitative techniques”*

The study suggested that

*“The major categories linked to survival were; identity, God/religion, family, basic life stuff and health service,”*suggesting *“a number of implications for service development and clinical practice.”*

In keeping with this I would like to play a short quote by one of the people in the program, read by a volunteer to maintain confidentiality.

*“When I first came here I had suicidal thoughts everyday and now I hardly ever have them”*

## **CONCLUSION**

I believe we have shown that strength based recovery through supported accommodation makes sense in terms of both economic costs and the person’s experience of recovery. Please do not hesitate to contact me for further information.

## **REFERENCES**

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