



Building a safe, supportive and caring home for people with enduring mental illness

DRAFT

MODEL OF CARE

To inform the Architectural Design Team on preliminary design concepts

November 2017

Please Note: It is proposed to review the Model of Care in 2018 and take action to develop appropriate policies and procedures to underpin the Model of Care in consultation with Carers ACT, the Community Mental Health Coalition ACT and the ACT Mental Health Consumers Network ACT

ABBREVIATIONS

ACT	Australian Capital Territory
AOD	Alcohol and Other Drugs
CALD	Culturally and Linguistically Diverse
GP	General Practitioner
MHIC	MyHome in Canberra
NDIS	National Disability Insurance Scheme

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GLOSSARY

Access	Ability of people to obtain required or available services when needed within an appropriate time.
Collaboration	A way of working together/co-operating to ensure people receive the services they most need.
Person Centred	Approaches to service that embrace a philosophy of respect for partnership with people receiving the services. They involve a collaborative effort from consumers, their family and carer, friends and mental health professionals.
Recovery	Gaining and retaining hope, understanding one's abilities and limitations, engaging in an active life that has value and meaning, sense of personal autonomy, positive sense of self.
Rights	Something that can be claimed as justly, fairly, legally or morally one's own. A formal description of the services that consumers can expect and demand from an organization.
Referral Process	Systems and protocols that ensure linkages between services to support continuity of care and ensure that consumers of services are able to negotiate the system in a seamless and timely manner.
Treatment	Specific physical, psychological and social interventions provided by health professionals aimed at the reduction of impairment and disability and / or the maintenance of current level of functioning

*All glossary terms have been taken from the National Standards for Mental Health Services (2010)

EXECUTIVE SUMMARY

In recent years there has been considerable federal, state and territory government expenditure on targeted mental health programs and homelessness initiatives. But despite this, there are still far too many people afflicted by mental illness who are homeless or at risk of becoming homeless. They are often left to fend for themselves in refuges, boarding houses, hostels and public housing throughout Australia, including the Australian Capital Territory.

It is not so much a lack of available funding, but rather the lack of community-based supported accommodation that leaves many people existing on the brink of hopelessness, without adequate care. Housing departments and other agencies do their best to accommodate some people. Hospitals and the police regularly process others, while still others are on the roundabout of police watch-houses, hospitals, various institutions and the street.

MyHome in Canberra (MHIC) is an ACT community-led initiative that aims to make a lasting difference in the lives of people with an enduring mental illness who are homeless, or at risk of homelessness, or who live in unsuitable or unsustainable accommodation.

MHIC will primarily comprise of 20 purpose-built individual housing units as well as other accommodation to support a number of support functions. MHIC will be based on the successful 'Home in Queanbeyan' supported accommodation model to provide 24-hour pastoral (rather than clinical) care for people with mental illness who are or may be without appropriate shelter, care and support. It is envisaged that this will help to promote significant improvements in the mental health and wellbeing of residents, provide residents with hope for the future, and help facilitate opportunities for recovery and meaningful employment.

MHIC will assist people in their journey of recovery by offering them the stability of a safe and supportive home environment to help provide the platform address challenges and allow them develop the skill and resources that will promote successful community living and an enhanced quality of life.

It is hoped that following the successful development of the first *MHIC*, other similar homes will be established in central locations throughout the city in the near future to address the ongoing supported accommodation needs of many more people living with mental illness who are extremely isolated, and often homeless. vulnerable,

NOTE: This document will be supported by a number of Procedural Documents that will provide significant detail as to the operationalisation of this Model of Care.

BACKGROUND

THE SOCIAL NEED

There is a critical need to take urgent and positive action to find a solution to address the serious needs of people in Canberra with enduring mental illness, especially those who are homeless, or at risk of homelessness, or who are unable to live independently.

The National Survey of Mental Health and Wellbeing, a community survey of 10,600 adults carried out in 1997, found that close to one in five (17.7 per cent) of Australian adults had a common mental health problem (depressive, anxiety or substance use disorder) at some time during the 12 months before the survey. This suggests that about one in five Australian adults will suffer from some form of mental health problem in any year.

The 2007 National Survey of Mental Health and Wellbeing was designed to provide lifetime prevalence estimates for mental disorders. Respondents were asked about experiences throughout their lifetime. Of the 16 million Australians aged 16–85 years, almost half (45 per cent or 7.3 million) had had a mental disorder at some point in their life. One in five (20 per cent or 3.2 million) Australians had had a 12-month mental disorder. There were also 4.1 million people who had experienced a lifetime mental disorder but did not have symptoms in the 12 months prior to the survey interview.

The link between homelessness and mental illness is significant and is critical in assessing the number of people with a mental illness in the ACT who are homeless or who are at risk of being homeless. According to the latest Australian Bureau of Statistics data, 1,785 ACT residents were homeless on census night in 2011. That is up from 949 in 2006—so the rate of homelessness in the Territory has risen significantly: from 29.3 persons per 10,000 in 2006, to 50 persons per 10,000 in 2011.

The ACT has the second highest rate of homelessness in Australia. The most recent data indicate that up to 85 per cent of homeless people suffer from at least one mental disorder. And people with a severe mental illness are far less likely than most Australians to be able to find and keep stable accommodation because of the episodic nature of their condition.

The population of Canberra is now around 380,000 people, and it is estimated that there may be at least 350 people in Canberra with a mental illness who are homeless, at risk of becoming homeless, or who are in unsuitable accommodation.

Clearly, there is a critical need to build supported accommodation for people with enduring mental illness in Canberra. HOME in Queanbeyan, which already accommodates nine former ACT residents within its available 19 places, receives ongoing and almost weekly requests for permanent places.

AN APPROACH BASED ON EVIDENCE: HOME IN QUEANBEYAN

While the ACT Government has strategies in place to try to meet the need for supported accommodation or social housing in the ACT, there continues to be insufficient safe and secure housing for people with enduring mental illness. MHIC will help to address this identified demand.

MHIC will be based on the successful HOME in Queanbeyan's model of care, and will be adapted to meet the needs of people in Canberra with enduring mental illness.

HOME in Queanbeyan acts a model for the Canberra community in how a safe, supportive and caring organisation can be created to provide for the basic needs of our wider family. While the initial model for *My home in Canberra* will follow that of HOME in Queanbeyan, it will be tailored specifically to meet the needs of the Canberra community.

HOME in Queanbeyan is funded through donations, fundraising efforts and a percentage contribution to their rent by residents, and is built on the concept of community and valuing dignity. It's Board has adopted the principle that to remain successful and sustainable, HOME must be a caring and supportive place.

The fact that there are no time limits on residence and that funding is not tied to government assessment processes provides residents with a sense of stability and long-term support. HOME in Queanbeyan has 20 residents, including a live in carer, who live in high-quality one-bedroom units, with 24-hour support provided by rostered staff and volunteers during the day and resident caregivers and/or volunteers overnight.

BRIEF SERVICE DESCRIPTION OVERVIEW

MHIC will be a functional, townhouse style, purpose built building designed to meet the long-term accommodation needs of people with enduring mental illness. The facilities, resources and support will facilitate and encourage residents to participate in everyday activities such as cooking, cleaning, budgeting, shopping and gardening to increase their social inclusion and build independent living skills.

It will provide domestic style accommodation with appropriately designed 20, one bedroom units with en-suite and catering facilities as well as communal kitchen, dining, lounge and other recreational areas for the residents. For residents it will be their 'Home' and have the appearance of a domestic residential facility, rather than institutional.

There will be additional building/ancillary facilities for a number of supportive functions including accommodation for a live-in support worker, an administration office, private rooms for visiting individuals and services to access.

The primary function of the MHIC will be to offer safe supported accommodation to people living with a long term mental illness enabling them to live independently, participate in social interaction, community access, form safe friendships and be supported as needed in accessing health and community services. The primary goal of the service will be to build capacity for self-management and resilience, and develop skills and resources for living in recovery-orientated environment.

VISION, MISSION AND VALUES

Vision

Our vision is to provide a safe, supportive and caring home for people with enduring mental illness who are homeless, at risk of homelessness, or who live in unsuitable accommodation and are unable to live independently.

Mission

Our mission is to provide residents with safe, secure, purpose-built and cost-effective long-term accommodation and consult and collaborate with community organisations, mental health professionals and carer and support workers to facilitate high quality support to residents. Support will be based on assessed need and mental health recovery principles.

Values

We recognise the inherent dignity of all people. In doing this, we strive to build a sense of self-worth and belonging to people living with a mental illness, encouraging and supporting them to live productive and meaningful lives within their community.

We are inspired by people in our community who are in need.

We are creating community: a place of friendship for residents, staff and visitors.

We seek to humbly and lovingly walk alongside each other, recognizing that our dignity and our freedom are interwoven in the dignity and freedom of those we serve and care for.

KEY FUNCTIONS

The key functions of the MHIC are:

- Provide people with a place they can call home: a place that is safe, secure and has broad-based community support.
- Provide them with purpose-built, cost-effective high-quality supported accommodation with 24-hour pastoral care and support.
- Facilitate a sense of hope, self-worth, confidence and belonging in people to enable them to participate in meaningful activities and live full and productive lives within the community.
- Support people to gain access to services they may need, such as health services, education, training or employment programs.
- To offer safe, long-term, supported housing that encourages independent living
- To sustain a person's tenancy in MHIC and, where appropriate to do so, assist people to transition successfully to alternative long-term accommodation options.
- To provide support to access a range of community based programs to support people living with a mental illness to manage their difficulties, cope more effectively and live well in the community.
- To help support a person's recovery journey within an environment which is responsive and flexible enough to meet the individual needs of the person.
- To work collaboratively with a range of other agencies and key stakeholders to assist people to develop their capacity to live successfully in the community and improve their quality of life.

MHIC SERVICES

The services that the MHIC will provide for people include:

- Accommodation in the form of individual self-contained units for people who are homeless, experience mental illness and/or experience difficulties living independently in the community.
- Facilitate access to a range of services and programs that benefit all aspects of peoples' well being including physical, psychological, financial, vocational, educational and social supports.
- Link people with a range of community-based services including but not limited to health, welfare, accommodation, employment, educational and vocational services.
- People will be supported to engage in individual and group activities targeted at community engagement.
- Development and maintenance of independent living skills.

ACT Government 2016 Mental Health Legislation

In line with the 2016 ACT Mental Health ACT, we envision residents at My Home in Canberra being encouraged and supported to develop Advance Care Plans to clarify pathways for treatment access and crisis management.

SERVICE PROVISION PRINCIPLES

GENERAL SUPPORTED ACCOMMODATION PRINCIPLES

The principles that underlie supported housing models for people with disability or mental illness need to provide a sense of home, rather than four walls. The principles set out below have been identified by the ACT Government and other organisations as desirable for supported accommodation. Hence, MHIC will:

- provide a suitable physical environment
- have sustainable funding
- be affordable
- give residents a sense of security and continuity
- provide access to care and treatment when required
- foster positive social relationships
- have a positive atmosphere that creates feelings of care
- give privacy and freedom to residents
- provide opportunities for self-expression and development
- provide opportunities to develop community connections.

Research indicates this type of housing for a person with mental illness is likely to promote better mental and physical health, improve social participation and outcomes, reduce pressure on family and other relationships, reduce mobility and homelessness, and reduce disruption to study or employment.

A recent article outlines the belief that a ‘nonclinical’ interpretation of or approach to recovery from mental illness is required rather than the traditional approach of controlling or eliminating symptoms. This approach emphasises the relevance of hope, connection with others and the development of meaning and purpose in life. The authors refer to research that indicates people with mental illness ‘may continue to experience symptoms and yet manage to make friends or return to work, if they are in the right kind of supportive environment’ (*Medicine Today*, October 2011).

SPECIFIC MHIC PRINCIPLES

The following main principles will be adopted to achieve the MHIC service aims:

ACCESS

Access to MHIC accommodation will be provided in a timely and equitable manner based on the individual needs of those people referred. Linkages will be made between people and

services across the community. Similarly, any planned exits from MHIC will include meetings with the person, carer and/or family and relevant agencies. Additionally, there will be an identified number of places at MHIC for more vulnerable populations including people of Aboriginal and Torres Strait Islander and multicultural backgrounds who are experiencing mental health and homelessness issues.

RECOVERY FOCUSED

The MHIC will foster a culture of hope and empowerment that values respectful relationships, building on the strengths and resources of the person, their family and their community.

Services will promote autonomy, self-determination and awareness of rights and responsibilities. Service provision will be guided by the aspirations, priorities, needs and preferences of the person and their family. MHIC will provide housing and support that addresses the social, physical and psychological needs of residents as well as their practical needs. Support will be provided to maintain or develop connection to, and participation in, the communities and activities that people value.

PERSON AND FAMILY CENTRED

The MHIC services will be person-centred, holistic, and will provide housing and support suited to the individual needs of a group of people with severe and enduring mental illness who have high and complex mental health care and support needs.

Consideration will be given to the uniqueness of the person for example cultural and gender diversity. MHIC support staff will work in collaboration with the person and involve their carer and family where appropriate.

MHIC will also support and encourage other mechanisms to maintain a person's recovery including the use of Advanced Agreements (as identified in the Mental Health legislation) formed between the person and mental health services.

COLLABORATION AND CONTINUITY OF CARE

The MHIC will work in collaboration the person and their family and carers, and in partnership with other community services. Services and supports will be integrated to enable community linkages and continuity of care. MHIC will have an outreach capacity and will work in tandem with other existing and new programs including the ACT Health Housing and Accommodation Support Program and Commonwealth Government-based programs that provide counselling, personal helpers and mentors, support workers and employment and training assistance and support.

COMMUNITY CONNECTION

MHIC will provide housing and support that helps residents to feel a part of the local community and to feel like they belong and have a home. It will provide a positive environment that creates a sense of belonging. MHIC will promote and increase community awareness and ownership of the problems experienced by homeless people with severe mental illness.

SAFETY AND QUALITY

The MHIC will provide a safe environment for all people, staff and visitors. MHIC services will be consistent with research-based evidence about the requirements for effective interventions with people with severe mental illness who are homeless or at risk of homelessness. Provision will be made for evaluation of the services provided as well as the ongoing development of services and staff. This includes for example, the requirement of all MHIC staff to be skilled with respect to mental health literacy (e.g Mental Health First Aid).

SUPPORTIVE OF INDIVIDUAL NEEDS

It is acknowledged that people identify with a variety of cultural and/or ethnic backgrounds and may have diverse family and social networks, educational backgrounds, religious or other belief systems or socio-political views. It is important that these factors are considered and supported by cultural and gender sensitive practice.

PASTORAL CARE

MHIC will also provide pastoral care which has been defined as a *“person-centred, holistic approach to care that complements the care offered by other helping disciplines while paying particular attention to spiritual care. The focus of the pastoral care is upon the healing, guiding, supporting, reconciling, nurturing, liberating and empowering of people in what ever situation they find”* (Bruce Rumbold, La Trobe University School of Public Health, cited from the Pastoral Care Council of the ACT website <http://www.pastoralcareact.org/pastoral.html>)

GOVERNANCE FRAMEWORK

Governance provides a framework which ensures that organisations are accountable and have systems in place for continuous quality improvement to safe guard high standards of service provision.

The Board of MHIC will be responsible for the strategic oversight and governance and the efficient and effective operation and ongoing management of MHIC. Sub-committees will be formed, as required from time to time, to address any specific issues, such as fundraising, community events and in-kind support. An independent committee (Residency Committee) appointed by the Board of MHIC will assess applicants for residency at MHIC. A forum will also

exist for residents to contribute and participate in the development and ongoing operations of MHIC.

RESIDENT CHARACTERISTICS

People who will reside at MHIC will be:

- Aged between 18 and 65¹, who are homeless and/or experience a significant mental illness.
- Have difficulties living in the community due to issues associated with their mental illness, or other conditions (for example: drug or alcohol issues)

ENTRY CRITERIA

Eligibility criteria for a person to be considered for MHIC:

- Experienced chronic homelessness or at risk of becoming homeless;
- Significant mental illness or mental health issues;
- Other referral information that suggests the person would significantly benefit from supported accommodation; and
- Unable to access supported accommodation through other services due to financial or other limitation.

TERM OF RESIDENCY

People who are assessed as suitable for MHIC will be offered permanent residency, but it is also envisaged that some people will also be suitable or choose to explore alternative accommodation as their circumstances change over time. This will provide the opportunity for others in need to access MHIC over time.

REFERRAL PROCESS

A person will access MHIC through a number of possible referrals pathways including, but not limited to: Self-referral or referral by family, carers or other support; mental health services; government and non-government agency; and general practitioners.

¹ Consideration may be given in exceptional circumstances for people who are outside of the specified age range, but only where it is assessed as safe and appropriate to do so.

The assessment of a person's eligibility and suitability to MHIC will be made by the Residency Committee and will be based on a formal assessment of need.

It is envisaged that tenancy will be based on a rigorous assessment process of applicants before a place is offered. This will minimise the risk of housing tenants not suited to this accommodation model, and to minimise the risks and trauma from eviction. It is envisaged that the majority of tenants will be receiving clinical care (both physical and mental health) and psychosocial support through their General Practitioner (GP), mental health service and/or other community agency supports such as those accessed through the National Disability Insurance Scheme (NDIS). Individual tenancy will reflect the specific needs of each resident.

A comprehensive referral package will be made available to the individual and referrer that describes the MHIC functions, entry criteria and processes for referral and assessment. This will include an 'information pack' outlining the MHIC services and expectations.

COMMUNITY-BASED ACTIVITIES, SERVICES AND PROGRAMS

The maintenance and development of people's connections to social networks and community activities is a powerful tool for recovery and therefore an important consideration for MHIC.

Access to community based, mainstream and targeted activities, programs and service providers (including GPs and other health professionals, accommodation services, education and employment) will be an integral consideration in supporting residents.

Establishing effective communication and partnerships with community providers and programs increases opportunity, flexibility and promotes inclusion and connection. Wherever possible, MHIC will seek to support people to engage with and participate in community based activities, services and programs that are relevant to and supportive of the person's goals. It is also envisaged that these partnerships will extend to community agencies providing services within MHIC itself.

It is likely that some people accepted into MHIC will be eligible for the National Disability Insurance Scheme (NDIS). MHIC will support people to access the NDIS as required.

Both government and community-managed organizations will play an integral part in resident's lives recovery and as such MHIC will work closely and in partnership with these organisations.

KEY PARTNERSHIP GROUPS

The MHIC is committed to the collaborative approach to service delivery to facilitate the recovery of people with mental illness and meet the needs of their families/ carers. The MHIC

will have a number of key partnership groups with both government and community agencies.

GENERAL PRACTITIONERS

Ongoing involvement of General Practitioners (GP's) in the assessment and treatment of people within adult mental health services and the MHIC will seek residents permission to update GP's on the persons on health issues occurring within the MHIC community, including, medication issues. Also a visitor's room will be available for GP who wish to consult on site.

GENERAL HEALTH CARE PROVIDERS

The MHIC is committed to improving the general and physical health of service users. Facilitates access to Referrals and linkages into relevant providers will be provided by MHIC staff. Such services include Nutrition and Dieticians, the Obesity Management Service, Dentistry and Podiatry.

ALCOHOL AND DRUGS SERVICES

For people presenting with comorbid mental health and drug and alcohol issues, the MHIC will provide supported to access treatment and care with treatment providers. MHIC will be a gated community with no access to illicit drug dealers.

COMMUNITY AGENCIES

The MHIC will work in partnership with community agencies to support residents in accessing a range of community services.

PHYSICAL ENVIRONMENT

GENERAL DESIGN PRINCIPLES

MHIC will be a low scale domestic style building(s) that can become an identifiable home for the residents. It will be designed to support recovery with a general ambience that reflects a comfortable home environment that will be calm, light and welcoming.

The design of auxillary areas will provide for flexible use of spaces and allow maximum flexibility and minimise restrictions to people.

The design should take into account the following basic principles:

SAFETY

The building will comply with all relevant legislation, standards and accreditation requirements including but not limited to: Australian Standard: Design for access and mobility Part 1 (AS 1428.1); Building Code of Australia (BCA); Disability (Access to Premises) Standard 2010; State Environmental Planning Policies including Affordable Rental Housing and Platinum Level of the 'Livable Housing Design'.

COMFORTABILITY AND FEEL

MHIC will be non-institutional in design, and create a sense of place and identity for the facility and for each unit within the complex. It will provide amenities that promote opportunities for social inclusion and interaction.

ACCESSIBILITY

The building(s) must be compliant with Access requirements for disabled persons. Provision should be made for several of the individual units to be adaptable for disabled occupation.

FUNCTIONALITY AND EFFICIENCY

The facility should achieve a high level of performance in function, amenity and aesthetics. MHIC will strive for best practice in energy and water use efficiency.

CAPABILITY FOR STAGING OF DEVELOPMENT

The design of MHIC will allow for the building to be developed in stages.

INDIVIDUAL UNIT DESIGN

Increasingly, the Individual Unit model is being chosen over the single group home. Residents of this model live independently while still having close-by support and share facilities. A 'unit' can have one, two or three bedrooms, a bathroom and living areas. A number of units will be clustered together on a site, in close proximity to the common areas and office space. In the case of MHIC, it is envisaged that these units will be grouped together. While all units at ground floor level may be ideal, a two story model similar to HOME in Queanbeyan may be more practical and economical. The design will be influenced by the site chosen and available funding.

There are many competing elements to consider in this model to make sure it fulfils the needs of the residents. Broadly speaking, the units must work together as a 'large sprawling' household with each unit having its own individual area but with easy access to the shared areas. There is one common entry point to the site to which the entries to each unit are linked. The office and common rooms (living/dining room, kitchenette, laundry and store) should be located to maximise proximity, visibility, security and support.

OTHER MHIC OPERATIONS

RENT

It is essential that MHIC is affordable for people such that rent will be set well below market value and be based on a reasonable percentage of the Disability Support Pension, or other government benefit or income source.

HOURS OF OPERATION AND ACCESS

Residents will have access to their individual living unit at all times and there will be a live-in support worker who is available for more urgent assistance after hours. Some areas, including the business/administration facilities will only be open during limited times (most likely business hours). Whilst communal areas will be secured at times, they will be accessible to residents and staff only afterhours.

VISITORS

It is anticipated that family, friends and others including services will visit residents similar to any other form of accommodation.

CAR PARKING

The building will support car parking for residents and staff as well as some general car parking available for visitors including attending services.

ACCESS TO PUBLIC TRANSPORT

It is envisaged that MHIC will be located in close proximity to a bus stops to give relatively easy access to major public transport routes.

CORPORATE AND ADMINISTRATIVE FUNCTIONS

HUMAN RESOURCES

MHIC will have identified processes around human resource areas including, but not limited to:

- building/facility/process orientation for both residents and staff
- complaints and feedback management
- recruitment and selection of staff, including job/role description
- staff training, development and supervision

- record management systems (including personnel and resident information)

WORK, HEALTH AND SAFETY

MHIC will adhere to relevant policy and legislation around Work, Health & Safety (WH&S) including, but not limited to, processes around the management of:

- risks, injuries and infection control
- emergency services procedures
- alcohol and/or drug intoxication
- violence and aggression
- incident reporting
- property maintenance and repair
- cleaning services and waste disposal

TENANCY ARRANGEMENTS

MHIC will comply with relevant policy and legislation and develop local processes and protocols specifically around:

- Referral, intake and assessment of tenants, end of tenancy
- Demand and waiting list management
- Tenancy contract/agreement as well as home and contents insurance, bonds, conduct/breaches, damage to property, right of entry and inspection, tenant rights and responsibility.
- Rental assessment, collection and arrears
- Visitors and guests
- Pets and assistance pets
- Car parking

OTHER MISCELLANEOUS FUNCTIONS

MHIC will comply with legislation and develop a range of procedures in regards to other functions including, but not limited to:

- Governance Framework
- Financial and accounting systems
- Quality improvement frameworks
- Monitoring and reporting data including outcomes
- Service level agreements and memoranda of understanding with other services
- Other building facility management services e.g security, contract management etc

REFERENCES

Australian Government. *National Standards for Mental Health Services*. Canberra: Commonwealth of Australia, 2010.

Australian Health Ministers. *Fourth National Mental Health Plan*. Canberra: Commonwealth of Australia, 2009.

Council of Australian Governments. *The Roadmap for National Mental Health Reform, 2012–2022*. Canberra: Council of Australian Governments, 2012.

Mental Health Council of Australia (2013). *Annual Report 2012 – 2013*. Canberra.

Mental Health Council of Australia (2013). *Investing in Australia's future – Full report*. Canberra.

National Mental Health Commission. *A Contributing Life: The 2012 National Report Card*. Canberra: Australian Government, 2012.