

## MyHome in Canberra – what cohort of prospective residents?

MyHome is intended as a unique and much needed addition to ACT services for mental health and homelessness.

Our model for MyHome is [HOME](#) in Queanbeyan which has been operating successfully since 2010, providing a home with support to 20 men and women with enduring mental illness. Our aim is to provide a home in Curtin to a similar number of people with enduring mental illness, enabling them to live independently. Like HOME it would have an emphasis on community: the internal community of which residents are a part; support for residents from the general community as volunteers and through fund-raising; and while it may be ambitious, the hope that residents will feel a connection with the local Curtin community. This emphasis on community is the feature of HOME most commended by the NSW Governor, HE Margaret Beazley, in her [message of congratulation](#) on the tenth anniversary of HOME's opening.

In developing our models of care and operation we have also learnt much from the Haven Foundation in Victoria. Haven provides another example of successful provision of long-term housing for people with chronic mental illnesses in small, supportive communities. It represents a step towards the community-based, holistic approach commended in the first volume of the recent [report](#) of the Royal Commission into Victoria's Mental Health System (sections 6.2.3-6.2.6, pp 309-315). Key features of the Haven model which we aim to adopt with MyHome include 24/7 support for residents by a service provider separate from tenancy and facility managers, and the inclusion of individual residents' NDIS home and living packages in the funding model.

The ACT Government is committed to delivering the proposal for MyHome in Canberra and asked us in the first half of 2021, as the next step, to define further both the cohort of prospective residents in MyHome and how MyHome would figure in the ACT's range of mental health services and accommodation services. This note addresses those two issues and includes revisions resulting from our consultations with service-providing agencies and the Mental Health Policy team in ACT Health.

**Defining the cohort** - this is how, still provisionally, we see the criteria for prospective residents of MyHome:

- A. Aged over 18 with no dependants
- B. Diagnosed with an enduring mental illness – with caution about those with a history of suicidal ideation, self-harm or harm to others, and avoiding those engaging in illicit drug use
- C. Adhering to agreed plans for care and treatment, medication, and recovery /rehabilitation
- D. Experiencing chronic homelessness or at risk of becoming homeless
- E. Wanting to live independently within a supportive community, and to contribute to that community, and likely to be compatible with other residents
- F. Having, when supported as our model of care envisages, functional levels of daily living skills and social interaction
- G. Receiving a Disability Support Pension (DSP) or other substantial government benefit, with a strong preference for those eligible or potentially eligible for NDIS support which could be allocated to the agency providing “umbrella” support to MyHome residents.

**MyHome among the ACT's other services** - this is how, again provisionally, we see MyHome fitting within the range of accommodation services now available in the ACT for people with enduring mental illness:

- BROADLY LIKE small-group homes with live-in support such as Mental Health Foundation or Richmond Fellowship homes BUT with individual units for residents and with more opportunities for social interaction, both within MyHome and with surrounding communities
- BROADLY LIKE Havelock House BUT with all residents having enduring mental illness and individual units, and offering long-term rather than emergency accommodation
- UNLIKE Common Ground BECAUSE for people needing clinical as well as tenancy support and without affordable-housing residents in the same block of units
- UNLIKE independent living in pepper-and-salt public housing or other private housing BECAUSE for people wanting, suited to and helped by a community situation.

### **Model of care**

The [model of care](#) on our website was drafted in 2017. It says prospective residents will be aged between 18 and 65, and:

- have significant mental illness or mental health issues;
- have experienced chronic homelessness or be at risk of becoming homeless;
- have other referral information that suggests they would significantly benefit from supported accommodation; and
- be unable to access supported accommodation through other services due to financial or other limitation.

We expect prospective residents not to have dependants. However, whether co-resident partners, family members or carers could be accommodated will be considered through further consultation, taking into account the [ACT Charter of Rights for people who experience Mental Health Issues](#), the building design, and how this would relate to the support being provided for residents.

We plan that MyHome’s Board will establish a Tenancy Committee including representatives of the ACT Government’s mental health unit, the agency providing “umbrella” support for MyHome residents and a member of the public with expertise in mental health, and with access to information needed to assess prospective residents’ needs and suitability. The Tenancy Committee will be responsible for selecting residents and administering their tenancies. Residents’ leases will be initially for three-month trial periods, to enable both the resident and the live-in manager with input from other residents to assess the suitability of the resident’s remaining in MyHome for the long term. Where incompatibility exists assistance will be provided to find alternative accommodation.

### **Support for the “missing middle”**

Our thinking about the cohort of prospective residents for MyHome in Canberra has a lot in common with proposals for providing more help to the “missing middle” in the ACT. Descriptions of the “missing middle” are varied, but most refer to people whose mental illnesses are too severe or persistent for primary care, but not so severe as to give them priority for scarce in-patient services. In practical terms, this could mean people who:

- are currently accessing primary care services, but are underserved as they require more specialist care and expertise, or
- have not followed through with visits to health professionals under their GP’s Mental Health Treatment Plan, because of mental ill-health or inability to make gap payments, or
- have finished the ten sessions of their Mental Health Treatment Plan and still require support of a kind which is unavailable in the community, or

- have been discharged from in-patient or emergency care while remaining in need of follow-up services, or
- have previously accessed acute care but, for whatever reason, are not inclined to seek public mental health services.

Access to the ACT's public mental health services can be difficult for people who are not in immediate danger of harming themselves or others and so are not given a high priority for those services. Therefore, some in the cohort for MyHome may be going untreated in the community.

Committee of MyHome in Canberra Inc  
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