

Housing's role in support and recovery for people with mental ill health

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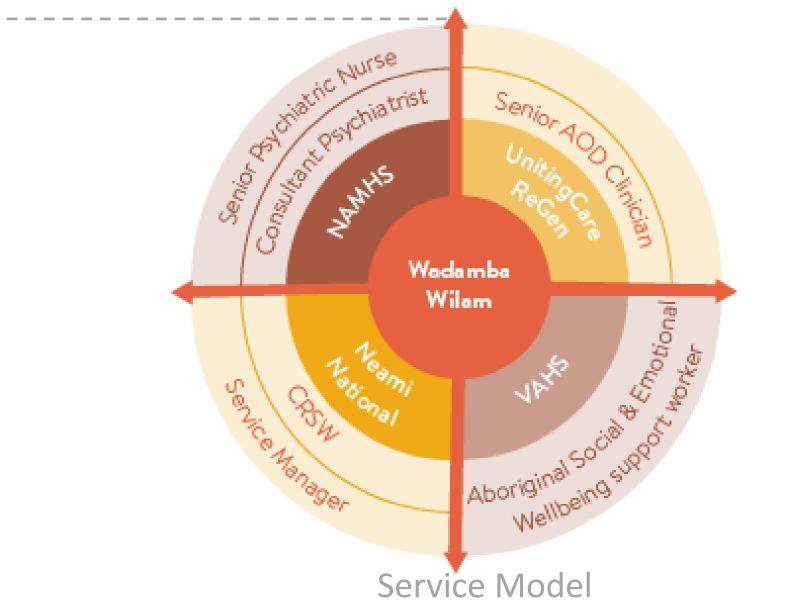
Connection, belonging, housing and community:



Neami National Wadamba Wilam translates to 'renew shelter' in the Woiwurrung language of the Wurundjeri people.



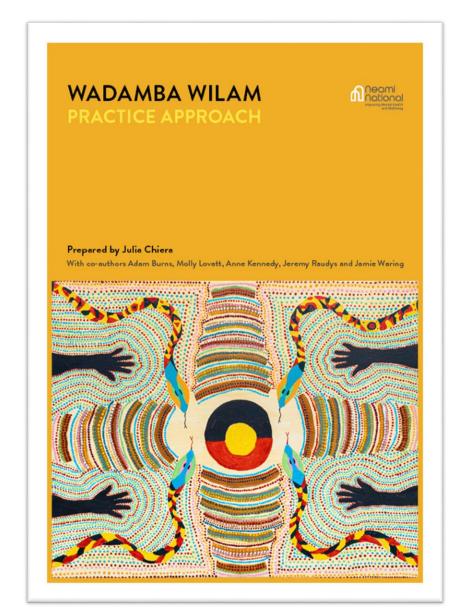
What is Wadamba Wilam?



Who do we work with? Target group

- Aboriginal and/or Torres Strait Islander people who
- Experience homelessness
- Darebin and Whittlesea LGA's
- Experience poor Social and Emotional Wellbeing including Mental Illness, High Psychological distress
- Hx of significant trauma
- Experience of entrenched poverty, profound social exclusion and discrimination, poor physical health and engagement with the justice system

What is Wadamba Wilam?





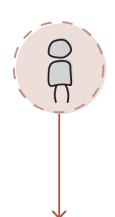
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What was achieved?

Wadamba works from a strengths-based approach and were able to help me see things in a more positive light. They believed my journey and didn't try and diagnose me or blame me for my past. My case workers listened and took my journey on board. Wadamba Wilam and my GP have been the only ones who helped me. They are there when I need to talk, for medication or whatever it is I might need."

(Lovett, 2019, p. 3)

What was achieved? Housing



94% of consumers have experienced homelessness or rough sleeping in their lifetime

65%

42%

Chronic homelessness

Chronic rough sleeping



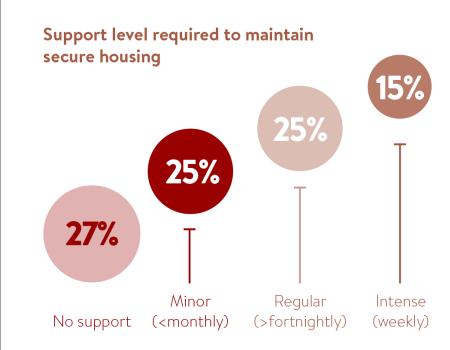
Once housed and supported by Wadamba Wilam

52%

81%

No reoccurring homelessness

In sustainable tenancies



What was achieved? Inpatient Admissions

Pre referral

56%

of consumers had at least 1 inpatient admission (average of 3)



Post referral

23%

of consumers required an inpatient admission following engagement

Inpatient admissions pre and post referral

admissions 2 years prior to referral 31 admissions post referral 61%
decrease
after referral

Inpatient admissions post referral for those who had an inpatient stay prior to referral



189% had a decrease in admissions



had an increase in admissions

What was achieved? Mental Health

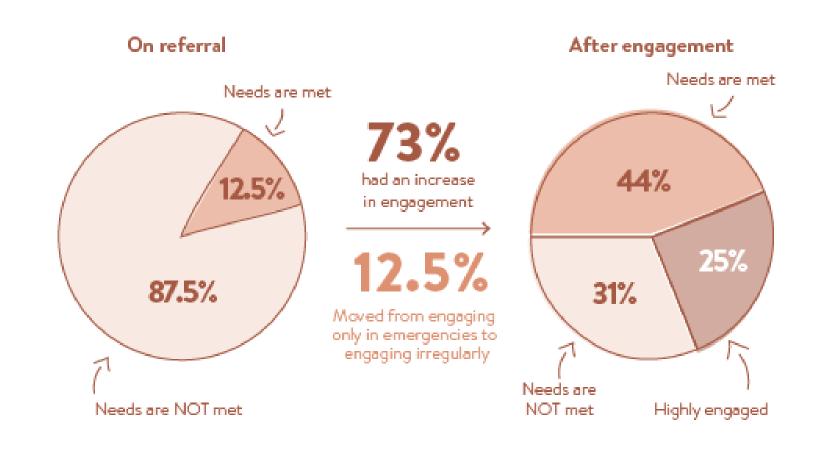
Diagnosis of either PTSD, Complex PTSD, PTSD symptoms, and or symptoms of trauma



Involuntary Treatment Orders

20% J6% of consumers had an ITO on referral ITO after engagement

What was achieved? Engagement with medical support

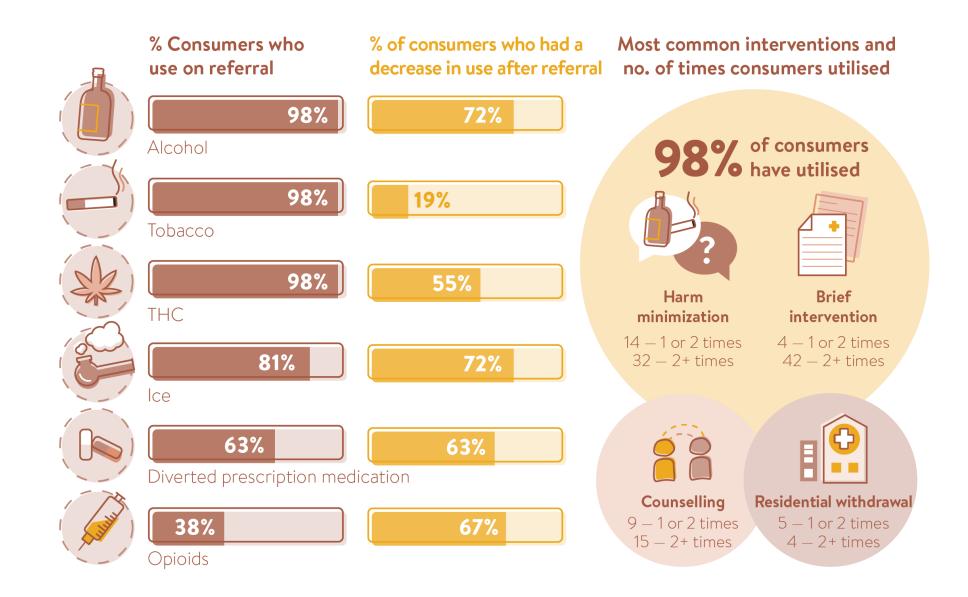


What was achieved? Legal Issues





What was achieved? Alcohol & Other Drugs



How was this achieved?

- Intensive Community Outreach
- Aboriginal and non Aboriginal staffing
- Length of Support and staff/client ratios
- Interdisciplinary team/Interagency
 Collaboration
- Trauma Informed and Holistic SEWB
- Family centered practice
- Culturally Appropriate tools i.e. ARRQ



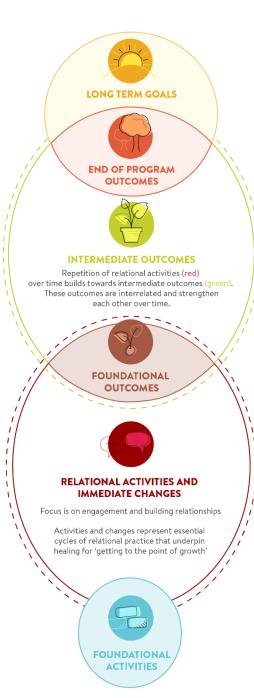
How was this achieved?

Theory of Change



See Practice Approach

bit.ly/3dIzBn2



Holistic social and emotional wellbeing for Aboriginal people

Aboriginal people feel increased sense of their wellbeing, strength and connection

- Flexible & responsive access
- Service is accepted and valued by community
- Consumers choose to strengthen connections* in relation to their well
- Consumers can link with and use systems**
 towards wellbeing
- People feel safe to engage in healing activities***
 - Sense of hope is generated
- Workers are trusted
- People are understood within a context of culture and trauma, informed by their social historical context
- Basic needs are met
- Hooks are offered in relation to need
- The service meets people where they are at
- Not shaming
- Being with people in crisis
- Slow and flexible assessment
- Tools used at the right time, over time
- Early use of service systems
- Staff look for therapeutic windows
- Permission to spend time to build relationship
- Persistence workers come back again, and again
- Staff seek to understand rather than react
- Staff hold issues and come back to them at the right time
- Cultural responsiveness
- Staff understand Social & Emotional Wellbeing
- Recruiting the 'right' people
- Interdisciplinary team approach
- Discretionary budget
- Build networks who will vouch for the program

Healing activities and their outcomes

Connection to	Activities	Outcomes
Land	 → Support access to attend cultural camps → Support people to be on country → Facilitate conversations with Elders → Conversations with Elders 	 Strengthened cultural connections Respectful connections with Elders established Increased agency and sense of personal capacity/responsibility for own health and wellbeing Strengthened connection to country which underpins identity and strengthens a sense of belonging
Spirituality/ ancestors	 Facilitate cleansing ceremonies/house smoking, etc. Curiosity around expressions of distress and cultural solutions Invite conversations regarding spirituality Support access to cultural camps Visit gravesites 	 Misinterpretation of cultural experiences are avoided Spiritual healing and spiritual connection are strengthened which helps provide a sense of purpose and meaning
Physical wellbeing	 → Hep C Program → Link with ACCHO → Link with GP → Dental program → Support health system navigation → Practical support and skill building 	 Individuals cured of Hep C Regular nutrition Decreased ED use Decreased hospital admissions/bed days Stable housing Increased overall physical health, increased ability to participat as fully as possible in life
Mental and emotional wellbeing	 Timely Response to triggers/distress System buffering Support mental health system navigation Support change of diagnosis to Complex Trauma and offer appropriate therapies Assess and sit with risk Use of culturally appropriate tools, for example, the Aboriginal Resilience and Recovery Questionnaire 	Decreased self-harm Increased self-soothing Acceptance of medications and therapeutic interventions Decreased MH hospital admissions/bed days Decreased suicidal ideation Re-traumatisation avoided Decreased isolation Access to services as needed Willingness to re-engage Positive justice system outcomes Bans from services are avoided

Healing activities and their outcomes

Connection to	Activities	Outcomes
Family/kinship	 Work with kin Open supports to family members Support kinship care Support around death and loss 	 Increase social connection Family actively seeks support from service Decreased unnecessary child protection notifications Increased connection to family Decreased family justice issues
Community	> Take people to funerals> Support around death and loss> Work with communities> Spend time in community> Invest in community relationships	 Community trust in service Increased involvement in community groups Self-referrals from community Engagement in meaningful activities, for example work, education, gym
Culture	 Support people to be on country Facilitate conversations with Elders Conversations with Elders Offer cultural approach to symptoms Attend cultural events 	 Representing self/culture/organisation, for example speaking at conferences, involved on job interview panels Increased connection to culture creates a sense of continuity with the past which helps underpin a strong identity and strengthens social and emotional wellbeing

Covid-19 Implications?

- Impact on service delivery and consumers
- Hampered ability to support/advocate
- Lack of F2F support

Recommendations and Integral factors for success?

- Intensive assertive outreach
- Length of support and staff/consumer ratios
- Interdisciplinary team/Interagency collaboration
- Trauma-informed care and the incorporation of social and emotional wellbeing principles
- Family-centred practice
- Culturally appropriate tools and practices
- Continuity of Care and Care Coordination
- Maintenance period and "Soft Endings"



Download the practice approach bit.ly/3dlzBn2

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