

Personal Helpers and Mentors

Personal Helpers and Mentors (PHaMs) is an Australian Government initiative administered by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). The program aims to increase recovery opportunities for people whose lives are severely affected by their experience of mental illness. PHaMs takes a strengths-based recovery approach to helping participants better manage their daily activities and reconnect to their community.

PHaMs provides holistic support including providing links with other services such as housing support, employment and education, drug and alcohol rehabilitation, independent living skills courses, clinical services and other mental health and allied health services, while ensuring services accessed by participants are coordinated, integrated and complementary to other services in the community.

This section presents information for PHaMs service participants for 2011–12.

Key points

- 13,219 people participated in PHaMs services in 2011–12, a 6.6% increase from 2010–11 and a 33.9% increase from 2009–10.
- The most commonly reported mental illness diagnosis category experienced by participants was mood disorders (64.9% of participants).
- A specialist mental health care service was the most frequently recorded source of referral to PHaMs (30.6%).
- The most commonly reported special needs group was alcohol and/or drug comorbidity.
- The most commonly reported functional limitations on entry were learning, applying knowledge and general demands, social and community activities, interpersonal relationships and working and employment.

PHaMs participants

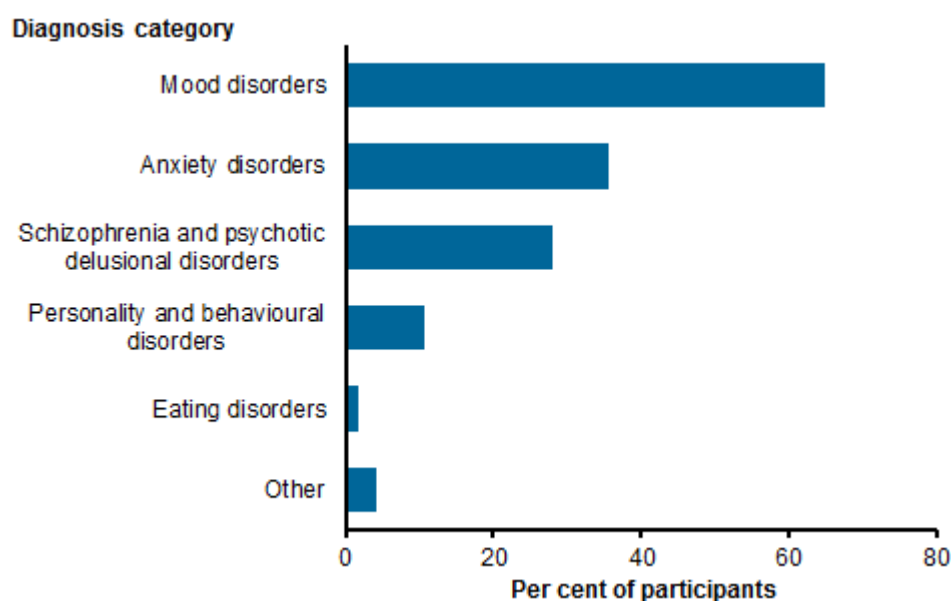
There were 13,219 PHaMs participants in 2011–12. This was a 6.6% increase from 2010–11 (12,402 participants) and a 33.9% increase from 2009–10 (9,871 participants).

The majority of PHaMs participants were aged 25–44 (49.2%), female (57.0%) and Australian-born (83.2%). PHaMs participants were most likely to reside in *Major Cities* (61.0%) and live in a private residence (86.3%). Around half of PHaMs participants were living with family (50.8%). Aboriginal and Torres Strait Islander people who represent 2.5% of the Australian population (AIHW 2011) were proportionally over-represented, making up 11.9% of PHaMs participants.

Mental illness diagnosis

The large majority of PHaMs participants had a mental illness diagnosis at the time of initial assessment on entry to the program (92.9%). The most common mental illness diagnosis category was mood disorders (64.9% of participants), followed by anxiety disorders (35.6% of participants) and schizophrenia and psychotic delusional disorders (28.0%).

Figure PHAMS.1: PHaMs participants, by formal mental illness diagnosis category, 2011–12



Source: Department of Families, Housing, Community Services and Indigenous Affairs. Source data for this figure are accessible from Table PHAMS.3 (255KB XLS) in the Personal Helpers and Mentors excel tables downloads.

Reference

Australian Institute of Health and Welfare 2011. The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011. Cat. no. IHW 42. Canberra: AIHW.

Comorbid disabilities

In addition to mental illness, some participants reported experiencing another significant disability. Almost 1 in 5 (19.9%) participants reported a physical disability. Other reported comorbid disability categories were intellectual (including Down syndrome) (4.2% of participants) and specific learning/Attention Deficit Disorder (other than intellectual) (4.2% of participants).

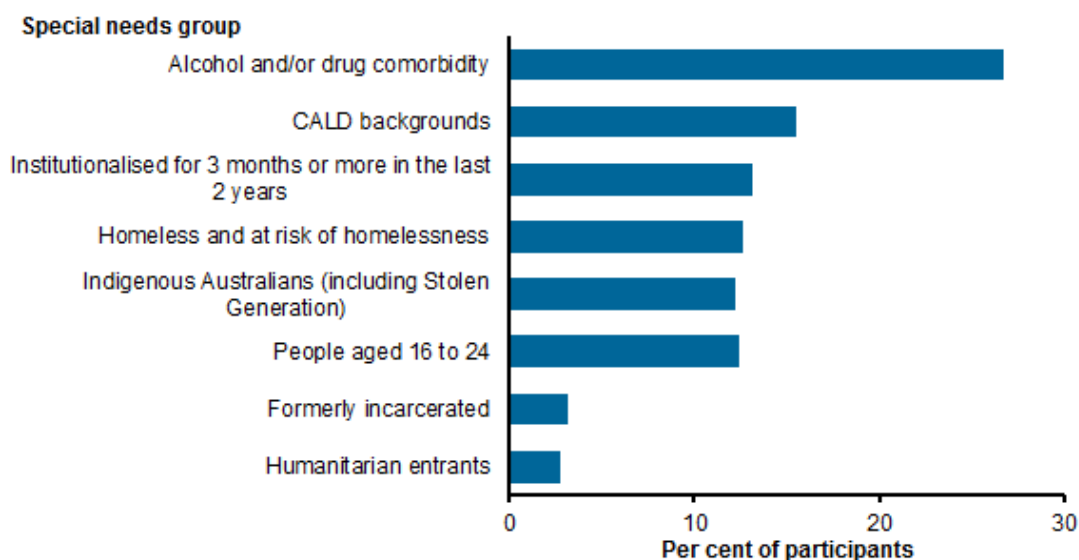
Referrals

A specialist mental health care service was the most frequently recorded source of referral to the PHaMs program during 2011–12 (30.6%), with 'Self' the next most frequently recorded source of referral (17.4%).

Special needs groups

PHaMs identifies groups of people that face additional disadvantage in their recovery as **special needs groups**. The most commonly reported special needs group was alcohol and/or drug comorbidity (26.7%), followed by Culturally and Linguistically Diverse (CALD) backgrounds (15.5%). However, it is important to note that participants may belong to more than one special needs group.

Figure 17.2: PHaMs participants, by special needs group, 2011–12

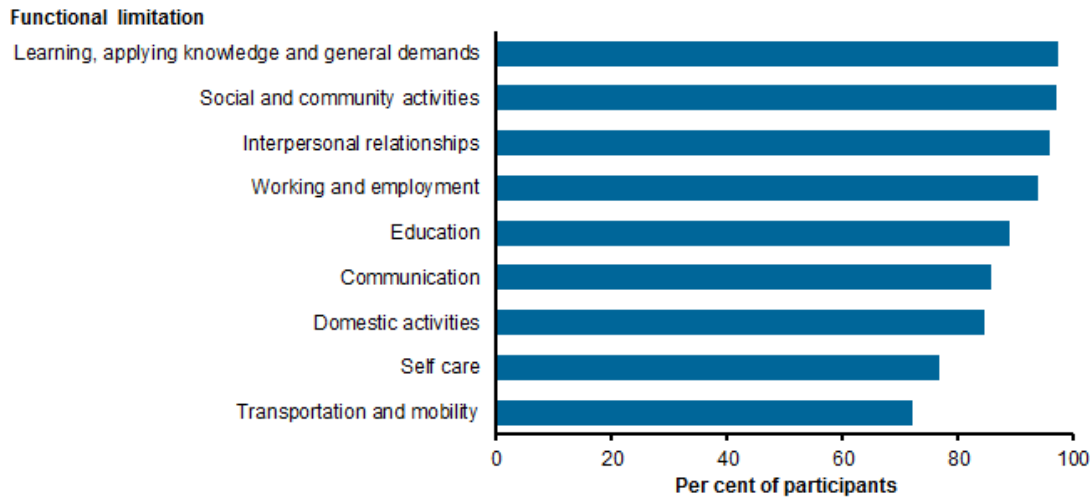


Source: Department of Families, Housing, Community Services and Indigenous Affairs. Source data for this figure are accessible from Table PHAMS.6 (255KB XLS) in the Personal Helpers and Mentors excel tables downloads.

Functional limitations

Upon entry into a PHaMs service, participants are assessed on their areas of **functional limitation** resulting from a severe mental illness. The most commonly reported limitation was learning, applying knowledge and general demands (97.3%), closely followed by social and community activities (97.2%). Interpersonal relationships (96.0%) and working and employment (94.0%) were also commonly reported limitations. It is important to note that participants commonly report multiple areas of functional limitation.

Figure 17.3: PHaMs participants, by functional limitation area at time of initial assessment, 2011–12



Source: Department of Families, Housing, Community Services and Indigenous Affairs. Source data for this figure are accessible from Table PHAMS.7 (255KB XLS) in the Personal Helpers and Mentors excel tables downloads.

Reason for exiting the service

Of the 4,024 participants who exited a PHaMs service in 2011–12, 34.4% (1,386 participants) exited because they reached their goals, while 19.9% (802 participants) chose to leave the service and a further 12.0% (481 participants) did not return to the PHaMs service after six months.

Data source

Personal Helpers and Mentors service

Personal Helpers and Mentors Eligibility and Reporting System

Data has been sourced from the Personal Helpers and Mentors (PHaMs) Eligibility and Reporting System (referred to as the 'Portal') and from PHaMs remote area provider reports.

The Portal is FaHCSIA's web-based application that supports eligibility assessment and collection of information for PHaMs program evaluation and management.

Functional Assessment and Eligibility Screening

PHaMs assists people aged 16 and over whose ability to manage their daily activities and to live independently in the community is severely impacted as a result of a severe mental illness.

The PHaMs Remote Service Delivery model (additional funding to develop community capacity and initiate alternate supports in Indigenous communities) does not have an age restriction.

While a person does not need to have a formalised clinical diagnosis of a severe mental illness to access PHaMs, participation in the program requires a functional assessment to determine the severity or impact of mental illness on an individual's level of functioning.

PHaMs service providers undertake functional assessments using a purpose built Eligibility Screening Tool (EST) that looks at nine life areas. An EST assessment is completed for each participant and details are entered into the Portal.

Geographical Coverage

Site selection is undertaken in consultation to ensure services are established in areas of high need, and complement other community services such as those funded by state and territory governments.

Key concepts

Personal Helpers and Mentors service

Key Concept	Description
Functional limitation	Functional limitations are areas of personal functioning where the participant requires support, as identified by the PHaMs Eligibility Screening Tool.
Special needs group	PHaMs identifies groups of people that face additional disadvantage in their recovery as special needs groups .