Personal Helpers and Mentors

The Personal Helpers and Mentors (PHaMs) service 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 participants for 2010–11.

Key points

- 12,402 people participated in the PHaMs program in 2010–11, a 25.6% increase from 2009–10.
- The most commonly reported special needs group was alcohol and/or drug comorbidity.
- Specialist mental health care service was the most frequently recorded source of referral to the PHaMs.
- The most commonly reported limitations on entry were learning, applying knowledge and general demands, social and community activities, interpersonal relationships and working and employment.
PHaMs participants

There were 12,402 people participating in the PHaMs program in 2010–11, a 25.6% increase from the 9,871 participants in 2009–10. The majority of PHaMs participants were aged 25–45 years (51.9%), female (56.9%), Australian-born (83.6%) and had a formal mental illness diagnosis at the time of initial assessment on entry to the program (93.3%). Aboriginal and Torres Strait Islander people were proportionally over-represented, making up 12.2% of PHaMs participants but only representing 2.5% of the Australian population (ABS 2009).

Referrals

Specialist mental health care service was the most frequently recorded source of referral to the PHaMs program during 2010–11 (29.7%), with Self the next most frequently recorded source of referral (16.1%).

Special needs groups

PHaMs identifies groups of people that face additional disadvantages in their recovery as ‘special needs groups’. The most commonly reported special needs group was alcohol and/or drug comorbidity (26.3% of participants), followed by CALD backgrounds (14.7%). However, it is important to note that participants may belong to more than one special needs group.

Reference

**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 (95.2%), closely followed by social and community activities (94.7%), interpersonal relationships (93.8%) and working and employment (91.6%). It is important to note that participants commonly report multiple areas of functional limitation.

![Graph showing functional limitations](image)

*Source: Department of Families, Housing, Community Services and Indigenous Affairs (unpublished).*

**Figure 17.2: PHaMs clients, by functional limitation area at time of initial assessment, 2010–11**
Data source

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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 in these sites.

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 on the Portal.

Geographical Coverage
Initial allocation of eligible postcodes for PHaMs participation was determined through consultation with the Coalition of Australian Governments (COAG) Mental Health Working Groups in each state and territory and broader consultation. This aimed to ensure services were complementary to state and territory funded services and reduced the likelihood of duplication of services.

Further consultation with states and territories through the Mental Health Standing Committee will also ensure that expansion of coverage complements other community services funded by states and territories (such as drug and alcohol and mental health services).
### Key concepts

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<td><strong>Functional limitation</strong></td>
<td><em>Functional limitations</em> are areas of personal functioning where the participant requires support, as identified by the PHaMs functional assessment tool.</td>
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