

## Personal Helpers and Mentors

Personal Helpers and Mentors (PHaMs) is an Australian Government initiative administered by the Commonwealth Department of Social Services (DSS). PHaMs services aim to increase recovery opportunities for people whose lives are severely affected by their experience of mental illness. PHaMs services take a strengths-based recovery approach to helping participants better manage their daily activities and reconnect to their community.

PHaMs services provide 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 2013–14.

### Key points

- The number of PHaMs participants increased by an annual average rate of 17% between 2009–10 and 2013–14.
- In 2013–14, the most commonly reported mental illness diagnosis category experienced by participants was mood disorders (67% of participants).
- A specialist mental health care service was the most frequently recorded source of referral to a PHaMs service (27%).
- The most commonly reported special needs group was alcohol and/or drug misuse (27%).
- Functional limitations were common among PHaMs participants: Learning, applying knowledge and general demands (97%), Social and community activities (97%), Interpersonal relationships (96%), and Working and employment (95%).

## PHaMs participants

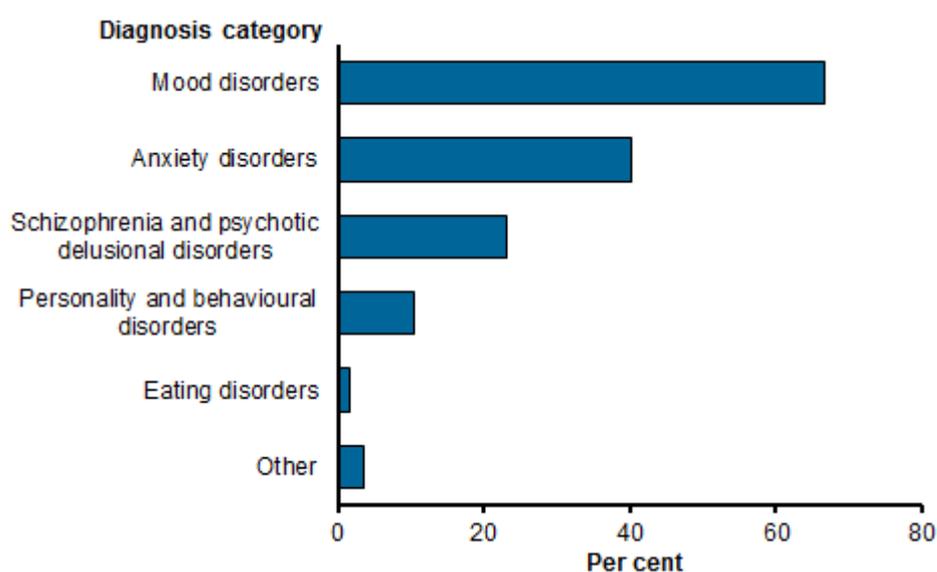
There were 18,539 participants in PHaMs services during 2013–14. The number of participants increased by an annual average rate of 17% between 2009–10 and 2013–14.

During 2013–14, almost half of PHaMs participants were aged 25–44 (47%), more than half were female (57%), more than 4 in 5 were Australian-born (83%) and around 2 in 5 reported a comorbid disability (37%). Three in five PHaMs participants resided in *Major cities* (60%) and more than 4 in 5 lived in a private residence (87%). About half of PHaMs participants were living with family (52%). Aboriginal and Torres Strait Islander people, who represent 3% of the Australian population (ABS 2012), were proportionally over-represented, making up 13% of PHaMs participants.

## Mental illness diagnosis

The large majority of PHaMs participants reported a mental illness diagnosis at the time of initial assessment on entry to the program (91%). The most commonly recorded mental illness diagnosis categories were mood disorders, anxiety disorders and schizophrenia and psychotic delusional disorders (67%, 40% and 23% respectively).

**Figure PHAMS.1: PHaMs participants, by mental illness diagnosis category, 2013–14**



Source: Department of Social Services.

Source data: Personal Helpers and Mentors Table PHAMS.3 (244KB XLS).

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## Reference

ABS 2012. Australian Bureau of Statistics. Australian demographic statistics. Mar 2012. Cat. No. 3101.0. Canberra: ABS.

## Comorbid disabilities

In addition to a mental illness, more than a third of PHaMs participants reported experiencing another significant disability (37% or 6,674 participants). Of these participants, 1 in 5 (20%) reported a physical

disability. Other reported comorbid disability categories included specific learning/Attention Deficit Disorder (other than intellectual) (5% of participants) and intellectual (including Down syndrome) (4% of participants).

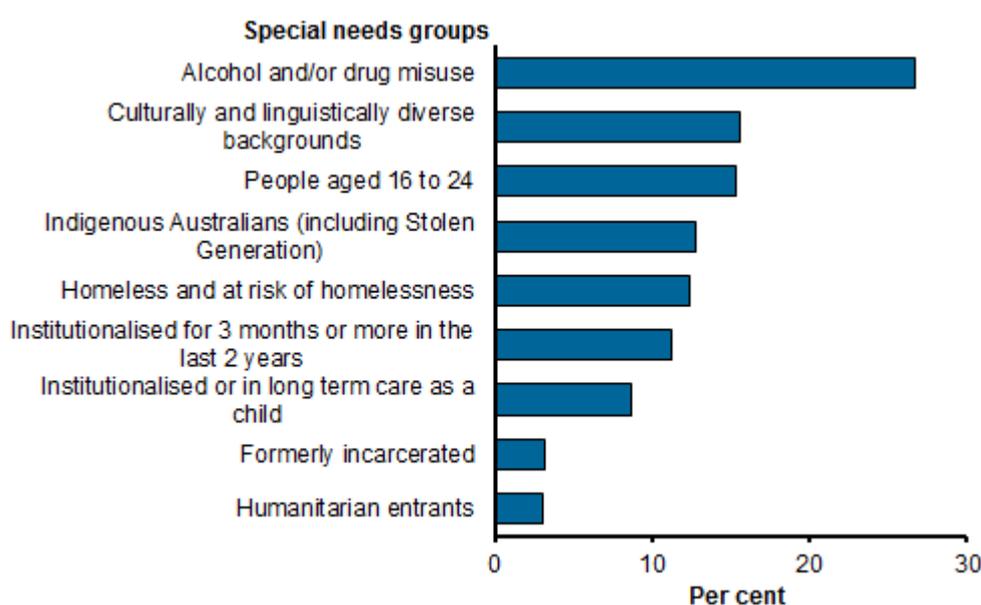
## Referrals

A Specialist mental health care service was the most frequently recorded source of referral to the PHaMs program during 2013–14, with 'Self' the next most frequently recorded source of referral (27% and 18% respectively).

## Special needs groups

PHaMs services identify 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 misuse, followed by culturally and linguistically diverse (CALD) backgrounds (27% and 16% respectively). It is important to note that participants may belong to more than one special needs group.

**Figure PHAMS.2: PHaMs participants, by special needs group, 2013–14**



Source: Department of Social Services. Source data Personal Helpers and Mentors Table PHAMS.6 (244KB XLS).

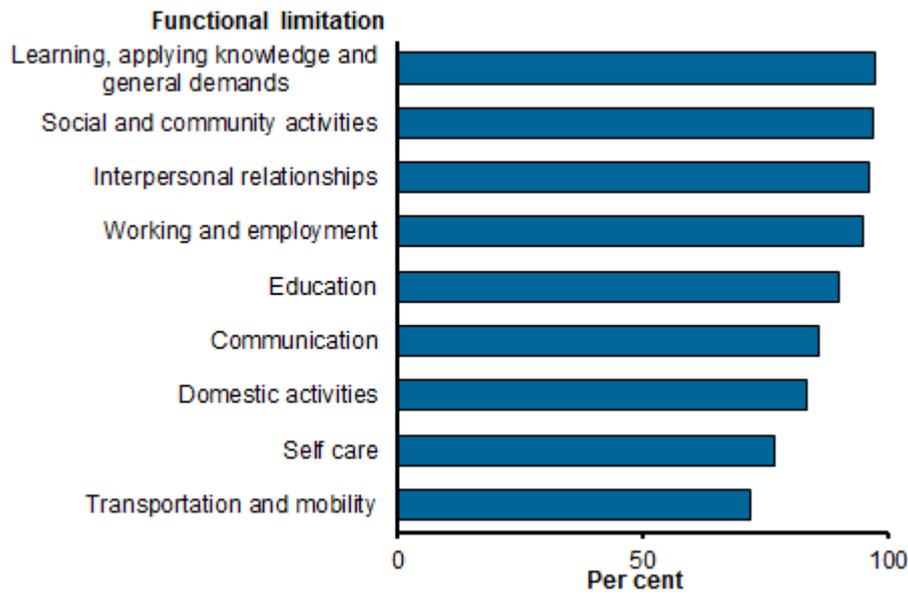
## Functional limitations

Upon entry into a PHaMs service, participants are assessed on their areas of [functional limitation](#) resulting from mental illness. Functional limitations were common among PHaMs participants. In 2013–14, the 4 most common limitations were:

- learning, applying knowledge and general demands (97%)
- social and community activities (97%)
- interpersonal relationships (96%)
- working and employment (95%).

It is important to note that participants may report multiple areas of functional limitation.

**Figure PHAMS.3: PHaMs participants, by functional limitation area at time of initial assessment, 2013–14**



Source: Department of Social Services. Source data Personal Helpers and Mentors Table PHAMS.7 (244KB XLS).

### Reason for exiting the service

Of the 5,998 participants who exited a PHaMs service in 2013–14, about 1 in 5 (22% or 1,297 participants) chose to leave the service, a greater proportion (36% or 2,163 participants) exited because they reached their goals, and about 1 in 9 (11% or 672 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 DSS's web-based application that supports eligibility assessment and collection of information about PHaMs services for 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.

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## Key concepts

### Personal Helpers and Mentors service

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