

11'VE JUST GOT TO KEEP IT TOGETHER. I WANT TO SEE MY KIDS AGAIN !!

Age: 48

Occupation: Unemployed

Education: Secondary & Apprenticeship

Location: Millgrove

Family status: Separated, two adult children,

living in an SRS

Nationality: Anglo Australian

Health: • Substance use (alcohol)

Heavy smoker

 Poor nutrition and low physical exercise

PERSONALITY introvert extrovert analytical creative changeable loyal active passive **TECH USAGE** high internet & email social media mobile apps **PREFERRED CHANNELS** online social media phone speaking to family/friends other services/referrals **INCOME LEVEL**



BIO

G'day, I'm Rex. I'm 48-years old and I currently live in an SRS. I've been there a while. It's alright, but a lot of stuff goes down and I'd like to get out of there at some point.

I've got two kids, but they're grown up and don't speak to me anymore. My marriage ended about 10 years ago and they gave up on me a few years later.

I am on a disability pension. After I pay for rent I barely have enough money left to buy smokes let alone anything else. Some of the other residents whinge about my drinking and smoking... but what am I going to do? I can't afford anywhere else to live.

I have been told I am entitled to services through something called the NDIS because I have a mental illness. I want to find out more about it, but have no idea where to start. I'd really like to spend less time sitting around the SRS and do some other stuff. It'd be really nice to talk to my kids again.

This persona was adapted from



KEY FINDINGS FOR REX

SERVICE NEEDS

- 'Hand-holding' support to access the system and get services
- Consistency of staff and services
- To be heard and understood and to feel like he has some power
- Staff who are experienced, flexible and persevering
- Services that are local and easy to access

GOALS

- Reduce isolation
- Reconnect with my kids
- Support with managing other services I am accessing
- Gain a sense of purpose and independence

FEARS & FRUSTRATIONS

- Constant change (services, staff, rosters etc)
- Too many options provided and overload of information
- Lack of assertiveness/ proactivity

I NEED PEOPLE WHO TAKE
THE TIME TO LISTEN TO
ME AND HELP ME WORK
THINGS OVT.

I NEED STAFF WHO DON'T GIVE UP ON ME EVEN WHEN I'M BEING DIFFICULT.

TRUST

I NEED A GOOD TEAM OF PEOPLE LOOKING OVT FOR ME.

I NEED TO KNOW 'WHO'S WHO' AND HOW THE SYSTEM WORKS FOR ME.

I WANT TO DO STUFF I ENJOY THAT GETS ME OUT AND ABOUT.

(HOI(E & ONTROL

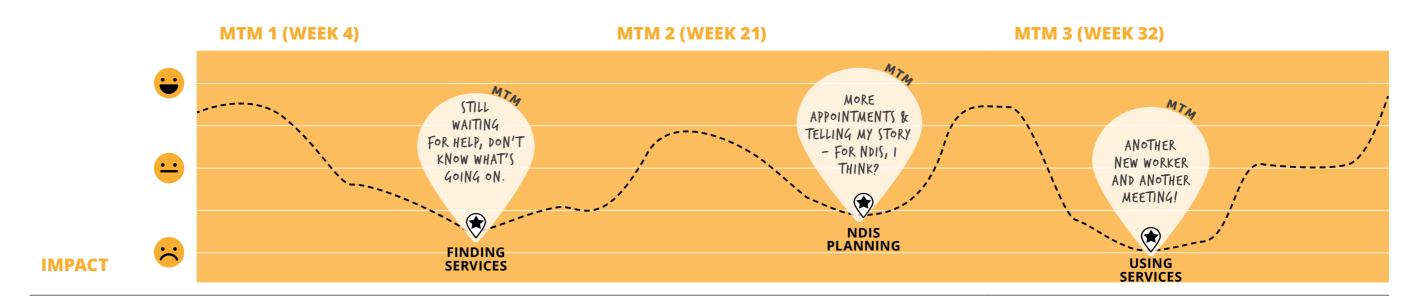
KEEP ME IN THE LOOP. I GET EDGY WHEN I DON'T KNOW WHAT'S GOING ON.

GIVE IT TO ME IN PLAIN ENGLISH - HELP ME UNDERSTAND.

I NEED HELP GETTING MY HEAD AROUND THIS WHOLE NDIS THING!

(OMMUNI(ATION

SUMMARY OF MOMENTS THAT MATTER (MTM) **FOR REX**



Individual



- Increased risk of disengaging.
- Increased alcohol use which could lead to eviction/homelessness & police involvement.
- Reduced trust in system and all involved.

- Confusion about what all the different appointments are for.
- Concerned about having to pay for appointments/reports.
- Frustrated about having to retell his story.

- Increased chaos in Rex's life due to his confusion about who is who and who does what.
- Risk of Rex declining NDIS it is not meeting his expectations. He thought he would have more control (over finances).

Support Network



- Additional management required of Rex.
- Additional administrative time.
- Dealing with personal stress caused by working with Rex or monitoring his behaviour.
- Workers require a strong knowledge of the NDIS and its processes in order to keep Rex adequately informed and supported.
- Additional administrative time.
- Lack of support due to absence of 'care team'.
- Confusion amongst workers if not working as a team.

System



- Reduced quality of care due to system pressures and inefficiencies.
- Increased use of additional services including MH hospitalisation.
- Affects of alcohol use on physical health resulting in use of PH services.
- Increased risk of homelessness.

- Use of additional services required to develop an NDIS application and plan.
- Impact on MH services and resources when a client who is eligible for NDIS is not accessing services through NDIS.
- Duplication of information multiple client records and system.

• Duplication of resources and information.



SCENARIO

Rex has an extensive history of mental illness which is exacerbated by his substance use (alcohol). Rex's drinking has at times made his housing situation extremely tenuous. His use of alcohol and chronic smoking mean he often has little money left for anything else. At times this leads to him pestering other residents for smokes.

Rex has recently been discharged after a hospital admission. While in hospital, he underwent a change in medication which has assisted in reducing his hallucinations. Rex requires assistance with a range of needs including accessing the NDIS. Rex says he would like to get out more and connect with the community, and would also like to have contact with his estranged children.

STAGE	FINDING OUT	ABOUT SERVICE	S			PIR & NDIS PLANNING PROCESS				
TIMELINE (Weeks)	1	2	3	4	9	11	14	15	20	21
ACTION	Discharged from hospital to home (SRS). Case manager called and made an appt with me.	Meet case manager for first time at home. He talked to me about an NDIS application and getting me into a community MH program.	Saw my CM for the second time. CM told me the referral to the community MH place wasn't possible – it's closed.	We looked at other options like PIR & I was given a PIR brochure. I'm not sure what it really is and it has a waitlist – they don't know how long.	WAITING – it's been over a month now. I asked CM to see what's going on asked if these NDIS and PIR things are happening!	Finally I get a PIR worker. Met my PIR worker. Go through a heap of forms and tell my story AGAIN.	Every time I call my PIR worker he's either not there or tells me "that's not my job, mate!" I call my CM and tell him I'm not happy.	Joint meeting with CM and PIR to discuss my concerns. I'm informed about & agree to the PIR worker's role.	PIR worker calls me to tell me the NDIS thing is happening. We've got to do more paperwork and meetings to get ready.	PIR gave me four more appointments to see more new people. It's something to do with my NDIS.
THINKING / FEELING	Hopeful for the future. Excited to get out of hospital. Confused by who this person calling me is?	This sounds promising.	Getting fobbed off. Waste of time Frustrated the CM didn't know the service is closed.	Grateful re potential of support. Annoyed being pushed off to another worker. How can they not tell me how long I'll be waiting??	This system!!!! They're useless. The whole thing is stuffed! I want to make a complaint.	About bloody time! Some hope restored Frustrated I tell my story AGAIN	Why bother? I need a better PIR worker Feeling like hurting myself	Makes sense. Feeling a bit better	This is all sounding pretty full on, but hopefully I'll get some help and maybe get to see my kids.	Anxious meeting all these people & annoyed at having to tell my story AGAIN!!
EXPERIENCE	O	0			STILL WAITING					MORE APPOINTMENTS & TELLING MY STORY - FOR NDIS, I
	<u> </u>		~~~O.	0	FOR HELP, DON' KNOW WHAT'S GOING ON.				·O ₋	THINK?
	8			0			0			
PEOPLE & PLACES	SRS Case Manager									
	ease manager					PIR				
REFERRAL PATHWAYS	FROM: Hospital TO: Case Manager	FROM: Case Manager TO: Community MH Service	CMH service referral rejected	FROM: Case Manager TO: PIR		PIR Service Commences				FROM: PIR TO: NDIS, OT & Psychologist
SYSTEM ACTIVITIES	CM referral done by hospital ward staff. Hospital discharge processes.	CM looks into NDIS application, finally gets to speak to someone and discovers an application has been approved. Waiting for a planning meeting. Can't get a timeline.	Lack of up to date info about service availability and system changes.	CM completed referral form for PIR. PIR unable to allocate worker. PIR client management system.	CM calls NDIS to check planning meeting status again. Still no date. LACK OF STAFF Staff leaving due to job uncertainty. Increased pressure on staff.		Part time workforce creates challenges. Client expectation versus actual role of program is often not clearly defined.	CM & PIR worker have discussions & organise joint meeting with Rex.		



IMELINE	23	ANNING PROCES	26	28	AN & SERVICES 30	32	34	38	40	42
Veeks)	Appt with psychologist Psych gave me a letter. Gave it to PIR.	A lady (OT) turned up to do cooking with me @ home. Something to do with NDIS. PIR says I have a planning meeting – whatever that is!??!	PIR worker picks me	PIR says plan has come in. I get a bit of paper. I'm told I still can't access services or money.	My PIR contacts me and tells me we're finished – he can't help me anymore. Apparently they're finding me a new person (support co-ord) and they'll be taking over. And there's still no news on my NDIS money!	I meet my new Support Coordinator. She tells me we are having ANOTHER meeting to work out how to use my NDIS money.	We go to a meeting with the NDIS. They tell me what I can get for the money I have. We fill out a heap more paperwork. I'm told I still have to wait.	I call the SC lady to see what's going on. She tells me she is getting all the service quotes together.	We have another meeting and she tells me what she has come up with, and gets me to sign a heap of forms.	I'm starting to atter
HINKING / EELING	Nervous – what will they be like? Will they tell me what to do? So overwhelmed with all these assessments. Why do they make everything so hard?	Enjoyed the cooking. Would do that again. Anxious. What questions do they ask? How long will the meeting be??	The meeting was so exhausting! She was nice, but said she used to be a physio and doesn't know much about MH. Awesome – what can I buy??	This is pretty good – I might get to actually do some stuff. I can see all the money in the plan and I want to spend it right now!	What a waste of time! The system is stuffed! It's my money & my life.	What?? What did I do?? I don't want to meet a new worker!	Annoyed at having to wait AGAIN for support. So many bloody forms!	She sounds on to it at least, but this is taking forever! How hard can it be? Better bloody be worth it!		Happy with the mus group. Back to where I started before NDIS
EXPERIENCE	-			0-		MTA				٥
	O	0			0	ANOTHER NEW WORKER AND ANOTHER MEETING!	O	O		, or
EOPLE & LACES	SRS Case Manager PIR					sc -				
EFERRAL ATHWAYS			NDIS Planner			FROM: PIR TO: Support Coordinator		TO: Other supports (cleaners, gardeners)	NDIS Services	
YSTEM CTIVITIES	Information sent to NDIS NDIS database			PIR worker sends referrals, makes several calls re: waitlists	System changes – PIR service closes down		Lack of visibility of NDIS processes and waitlists.	NDIS services Client Management Systems / Database		