



Hume  
Region

Hume Region covers north east Victoria from Heathcote Junction and extends from the New South Wales border near Nathalia easterly to Corryong.

This region has a population of approximately 250,878, which represents 5 per cent of the Victorian population.

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# Hume Region

Hume Region mental health services are managed by Goulburn Valley Health, Beechworth Health, Northeast Health and Wodonga Health Services.

There are six mental health facilities: an adult acute inpatient unit and an aged persons mental health residential unit at Shepparton, an adult acute inpatient unit at Wangaratta, a community care unit at Wodonga and a community care unit and an aged persons mental health residential unit at Beechworth.

A total of 60 visits were made to these facilities.

## Environment

Community Visitors noted variations in the standard, maintenance and cleanliness of the mental health facilities across the Hume Region.

Grutzner House, an aged persons mental health residential unit in Shepparton, is reported as consistently clean and tidy. The Rosewood Wing at Grutzner is currently being renovated to a five-bed acute unit and due for completion shortly. Handrails have been installed along the corridors and there has been widening of exit paths to facilitate safe access to the car park.

At Kerferd, the adult acute inpatient unit at Wangaratta, the state of the furniture is inadequate and needs to be replaced. At Blackwood Cottage, the aged persons mental health residential unit at Beechworth, residents do not have a shaded outside area. While sails had been considered, these were not suitable for the premises and no other appropriate form of shading has been found to date.

Funding from the DHS Mental Health Branch, part of the Gender Sensitivity Project, enabled Kerferd to build a sensory garden, with completion expected within the next few months.

As a result of the State Government's tobacco reforms, mental health services are implementing a smoke-free policy across the region.

During the early phase of changes, issues were reported by Community Visitors at the Wanyarra adult acute inpatient unit at Shepparton. The transition to a smoke-free environment occurred after a number of months, due to patient resistance. The unit provided education to the patients and staff with access to nicotine replacement and other strategies.

At Benambra, the community care unit at Wodonga, Community Visitors reported that the smoking restrictions were implemented and residents assisted in this process, through free nicotine patches and access to the 'Quit' course on request. The smoking area outside has been upgraded to improve the sheltered area, with a rotunda built and butt bins relocated to that area.



### **Individuality**

There have been positive outcomes for a number of residents from the community care units, who have been successfully discharged into the community. Mental health services monitored the clients' transition to independent living and provided ongoing support and follow-up as required. These examples reflect the important role of individualised transitional planning and an appropriate level of support for the client as fundamental in contributing towards conditions for a successful discharge with the best possible outcome for clients.

### **Safety**

At Wanyarra adult acute inpatient unit, the water-boiling unit for tea/coffee-making for patients has been reported by Community Visitors as a serious safety issue, with boiling water splashing onto the sink. This is dangerous and could cause serious scalding. This has not been rectified, despite being raised on a number of occasions with management.

### **Staffing**

There have also been a number of concerns raised by the Community Visitors in relation to staffing shortages. At Benambra, there have been ongoing problems with securing a regular visiting psychiatrist. The service was in the process of formalising an appointment, however, this did not occur due to a lack of agreement regarding conditions. To date, this has not been resolved.

At Wanyarra, the Nurse Unit Manager resigned in November 2007 and this position was not advertised for a number of months, relying on staff to back fill.

At the Community Care Unit, in Beechworth, there has been progress with staffing arrangements, following the appointment of a psychiatrist to visit on Saturdays and the appointment of a services manager. These appointments have had a positive effect for the residents in ensuring continuity of care and improvements in the maintenance of the facility and maintenance response times.

Community Visitors have also noted positive examples of staff training to assist in the care and treatment of clients. At the Blackwood aged persons mental health residential unit, staff have completed the Aggression and Assault Management training which aims to provide staff with strategies to deal with aggression and anger. At Wanyarra, the Psychiatric Support Officer attended a statewide activities seminar, that will further assist in broadening the activities program offered by the unit.

Community Visitors have also highlighted the need for improvements in recording and maintaining documentation and have worked with service providers to address this.

### **Opportunities for recreation, occupation, education and rehabilitation**

It is important for services to offer resident and patient opportunities to participate in recreational activities/ programs. Community Visitors have reported on a number of activities that have been offered by the mental health services in the region during the past year, with positive outcomes.

On Anzac Day, a group of residents from the community care units in Beechwood participated in a community event by attending the local memorial service. This was featured in the local community newspaper. There is a trip to Canberra planned for later this year.

At Benambra, a ten-pin bowling group has been formed and this has been reported as highly successful and well received by the residents at the facility.

It was noted that some residents at Benambra were not accessing activities, as they could not afford this. The Community Visitors raised this with the management. Following this, a budgeting system was introduced and residents were able to access financial support from the service to attend activities.

At Blackwood, residents have access to an activity program that caters for the individual residents needs. A herb and vegetable garden has been planted for residents.

# Health Services

In 2007-08, Community Visitors conducted 19 visits to two SRSs in the Hume Region. Both facilities are pension-level.

## Environment

Community Visitors have observed the standard of facilities at one SRS to be clean and comfortable. This SRS has been recently refurbished, with new floor coverings provided in all common areas in the main building, kitchen and the bathroom. This has provided a far more conducive, improved living environment for the residents, and is positive in light of previous concerns raised last year. Community Visitors have also reported that the second SRS in the region has undergone a number of improvements, with new carpet installed and painting throughout the facility. It has floor heating throughout and has appropriate air conditioning.

## Opportunities for recreation

Residents at one facility have access to a range of activities and courses. This is further enhanced by the recent employment of an activities officer with the assistance of SAVVI funding.

During the past 12 months, residents have had the opportunity to attend horticultural classes and food handling. This has increased the residents' opportunities to participate in gardening and cooking at the facility. Staff at one SRS provide transport for the residents to attend recreational activities and medical appointments. This support is important in providing residents with the opportunity to access community activities, given the lack of public transport in the area. Community Visitors have also observed care plans, which reflect individual needs, and documentation in relation to care plans is well maintained and accessible.

## Safety

Community Visitors have observed a number of improvements at one SRS, however, there have also been allegations in relation to the standard of care and management of residents. DHS has undertaken investigations in relation to these allegations. The outcome of these investigations is not yet known. Consequently, the Public Advocate and Community Visitors continue to monitor these matters.

The alleged concerns highlight issues in relation to the physical wellbeing and safety of the residents and the respect of their rights. This matter also highlights the important role that Community Visitors have in raising awareness in alleviating abuse where it occurs and in promoting human rights. The Community Visitors' role supports the fundamental principles espoused through the recently introduced Charter of Human Rights and Responsibilities.

## Staffing

Community Visitors report that staffing levels at one SRS are maintained in accordance with SRS regulations, reviewed on a regular basis and increased as required to meet resident needs.



# Disability Services

In the Hume Region, there are 43 Shared Supported Accommodation services (SSAs) including five respite houses managed directly by DHS's Regional Disability Accommodation Services. A further 26 facilities are managed by nine Community Service Organisations (CSOs). Community Visitors undertook 217 scheduled, unannounced visits.

Further visits were also made as a consequence of individual requests to the office.

Regional Conveners and Community Visitors also attend regular meetings with CSO service providers and quarterly meetings with regional DHS management.

## Appropriateness and standard of facilities

### Environment

Community Visitors have reported that the standard of facilities across the region is generally good and that maintenance issues raised are attended to promptly. Community Visitors have noted, however, that the Singleton Equity Housing properties frequently have poorer facilities and lengthier delays in responding to issues concerning maintenance.

Community Visitors have also reported their concerns for several years regarding the unsuitability of a CSO house in Albury, occupied by residents with an acquired brain injury. The house is situated on the slope of the block, making wheelchair access dangerous, with no safe place for vehicle access or manoeuvrability. There has already been one serious accident involving a car, a staff member and a resident.

The passageways in the house and externally are narrow and sloping. There is a heightened risk of falling in the garden area. Community Visitors reported that walls inside are damaged and unsightly, and the carpets are torn and hazardous. There are plans for relocation and it is hoped that this will occur without delay.

In contrast, comments by one Community Visitor in relation to the new respite facility in Shepparton are an example of accommodation that is appropriately designed to meet the needs of the residents:

““

It is a new house and can have six people at a time. It has a lift for people in wheelchairs, wide doorways, a spacious house. The backyard has a trampoline for the younger people to use.

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### Compatibility

Compatibility issues caused the Community Visitors concern during the year. They note that much effort goes into achieving suitable matches of house residents, however, filling vacancies often takes a long time. Community Visitors are concerned that this results in the residents spending long periods of time in SSAs which have activities, residents and environments which are inappropriate to older residents. In situations where there are residents who are violent or aggressive and require relocation, an overall lack of alternative placements results in delays, that impact on the residents.

### Opportunities for recreation, occupation, education and rehabilitation

#### Individuality

Community Visitors have reported many instances where residents are limited in attending activities in the community as a result of a lack of transport, particularly in the outer Hume area. They have expressed their concerns that the residents of two CSO houses in the outer Hume Region have limited access to transport and, therefore, restricted opportunities to participate in community activities and to pursue their personal interests. Several residents are wheelchair-bound and neither house has a dedicated vehicle. The use of staff vehicles is not an appropriate option for these houses, given the particular needs of these residents. Special taxis are in very short supply and almost impossible to secure on weekends. The taxi bus is only available for a limited time of four hours daily on weekdays.

Residents of one house in Albury attend programs in Wodonga twice a week, adding to already excessive transport costs. On night outings, Community Visitors have been very concerned that residents and staff have been left waiting for long periods in the main street of Albury, a situation that can be both distressing and unsafe. There have been reports of long delays for taxis experienced by residents, resulting in complications around personal needs, such as toileting. Community Visitors have indicated that alternative transport arrangements need to be found for residents who are dependent on special taxis or hoist-equipped vehicles.

Opportunities for recreational activity have, in some instances, been further compromised by inadequate staffing arrangements. At one facility in the central part of the region, there is only one staff member available during the day on week-ends. As a result, outings are cancelled, when some of the residents do not wish to go out.

The following reflections by the Community Visitors indicate the importance of programs and activities in the day-to-day lives of the residents. These provide an opportunity for the residents to socialise and pursue interests:



The people in the house take the residents to the football on a Saturday; one of the residents is the 'water boy' for the local footy team.



At another facility:



The residents are able to do the cooking of the meals. They have a lovely backyard, it has vegies and flowers in raised beds, so the residents don't have to bend.

