Royal Commission into Victoria's Mental Health System

WITNESS STATEMENT OF INGRID AMANN

I, Ingrid Amann, of 658 Nicholson Street, Fitzroy North 3068, in the State of Victoria, say as follows:

1 I am authorised by Wellways Australia Limited (**Wellways**) to make this statement on its behalf.

2 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

BACKGROUND

Please detail your background, qualifications and expertise.

3 I have the following qualifications:

(a) Diploma in Counselling;

(b) Certificate IV in Leadership and Management; and

(c) Bachelor Degree of Counselling.

4 I am also currently studying part-time towards a Masters of Leadership, and I am a qualified member of the Australian Counselling Association.

5 I started my career in counselling as a telephone counsellor.

6 I joined Wellways (previously known as MI Fellowship) in February 2007. I initially performed a Program Worker role and then in 2009 was appointed as Program Coordinator for Opening Doors which is a Residential Rehabilitation Service. This service is a collaboration between Wellways and two other Area Mental Health Services in the Inner South.

7 Since March 2015, I have been the Program Coordinator of North Fitzroy (**NF**) Prevention and Recovery Care (**PARC**). I also perform on-call, after-hours telephone support to assist several of Wellways' residential programs, including NF PARC, South Yarra PARC, Frankston PARC, and the Opening Doors Program.

8 Attached to this statement and marked **IA-1** is a copy of my Curriculum Vitae, which provides more details of my experience.

Please identify any entities (other than St Vincent's Health Australia) you are associated with or employed by.

9 I am an employee of Wellways, which provides psychiatric disability rehabilitation and support services to people living with mental illness and their families and carers.

10 While NF PARC is run collaboratively between Wellways and St Vincent's Mental Health (part of St Vincent's Hospital (Melbourne) Limited) (**St Vincent's**), and I work closely with St Vincent's clinicians, I am not an employee of St Vincent's.

Please describe your role and responsibilities at the PARC program at St Vincent's.

11 As the Program Coordinator of NF PARC, my responsibilities include:

(a) working with St Vincent's clinicians to manage a 10-bed program;

(b) supervising the Wellways team of program workers, peer workers and casual workers (**Community Team**); and

(c) working collaboratively with nurses, social workers, consultant psychiatrists and psychologists on a daily basis.

12 My role requires close working relationships with St Vincent's clinicians on-site at NF PARC to:

(a) perform joint assessments and midway review of participants;

(b) manage referrals, wait lists and bed allocation; and

(c) manage discharge coordination, support plans and review processes.

13 NF PARC's clinicians are located on-site and receive their referrals from:

(a) Clarendon Community Mental Health Centre (**Clarendon Clinic**);

(b) Hawthorn Community Mental Health Centre (**Hawthorn Clinic**); and

(c) St Vincent's acute inpatient unit.

14 NF PARC works closely with St Vincent's Crisis and Assessment and Treatment (**CAT**) Team. The CAT Team provides on-call, after-hours support to the Community Team if required (for example, by attending PARC during weekends or after-hours to supervise provision of medications when PARC clinicians are not on-site). The CAT Team also supports the Community Team with clinical governance in relation to some out-of-area or external referrals from private psychologists or general practitioners.

PARC PROGRAM AT ST VINCENT'S HEALTH AUSTRALIA

What is the PARC program at St Vincent's and what services does it provide?

15 NF PARC is a program run by Wellways in partnership with St Vincent's since 2015. It has 10 beds and offers short-term residential support for people experiencing mental health concerns, with the key aim of supporting participants' development of transferable skills and strategies for managing mental health at home and in the community.

16 PARC is not about individuals attending group sessions or keeping people busy. Instead, PARC seeks to support people to develop their own inner resources to manage what they need for themselves in relation to their mental health issues. While there is a group program available, it offers a variety of sessions and we consider it to be an opportunity for each individual to try different strategies that may assist them when they return home. As each person's experience is different, PARC takes an individualised approach.

Referral and intake assessment process

17 The pathways to enter NF PARC can be described as a step up from the person's place of residence or a step down from St Vincent's acute inpatient unit.

18 In my role as Program Coordinator, I liaise with the clinicians from St Vincent's to discuss referrals to NF PARC from the case management teams of Clarendon Clinic and Hawthorn Clinic, as well as St Vincent's acute inpatient unit.

19 Clarendon Clinic and Hawthorn Clinic are where the case managers are situated in the community and these case managers include Community Care Teams, a Mobile Support Team and a Homeless Outreach Program. Each of these teams may refer participants who are not doing so well in the community and would benefit from an increased level of support for their mental health, but do not meet the criteria for an acute admission to a hospital.

20 As for St Vincent's acute inpatient unit, participants may be allocated a case manager if it is the first time St Vincent's is engaging with them and they are assessed to have mental health issues. This may also depend on whether the consumers live in St Vincent's catchment areas.

21 St Vincent's acute inpatient unit may refer participants to NF PARC if they no longer require intensive clinical support for their mental health but require some rehabilitation before returning home.

22 After the documentation for a referral is complete, the referred person would be called to attend NF PARC for an assessment or, if there is a long waiting time before there is availability, they are placed on a wait list to have an assessment closer to the possible admission date. The assessment is a collaborative assessment performed by the PARC clinicians and Wellways' Program Coordinator or team member. Intake assessments are held at NF PARC, because this allows potential participants to get a sense of whether PARC would be suitable for them and helps to lessen anxiety for participants when they commence their stay. Very occasionally, even before the assessment has taken place, potential participants may decide that PARC is not suitable for them after a building tour and reviewing the PARC program.

23 If there are any issues regarding individual participants (for example, risk of self-harm or suicidal ideation), St Vincent's clinicians and the Community Team will set up robust support plans with the participants to ensure that these issues can be managed within a community setting with a lower ratio of clinical staff, particularly over the weekend and after-hours. It is important that both the clinicians and the Community Team take a consistent approach to manage these participants' expectations.

St Vincent's services

24 St Vincent's provides the clinical services at NF PARC, including:

(a) establishing clinical governance via intake assessments (conducted collaboratively with the Community Team);

(b) managing medications if necessary;

(c) conducting physical health checks;

(d) bringing in specialist services from St Vincent's (for example, peer support workers, psychologists, dieticians and occupational therapists);

(e) where appropriate, working with participants to prepare advance statements under the *Mental Health Act 2014* (Vic); and

(f) providing the Community Team with clinical education to support the collaboration within, and workings of, the program

25 St Vincent's resident consultant psychiatrist is also on-site at NF PARC 2 half-days a week. The purpose of this is to provide relevant education and support to the Community Team, and review participants if there is a potential deterioration in their mental state.

Wellways' services

26 Wellways runs the community program at NF PARC. Each participant is allocated a key worker whose role is to build rapport and ascertain with the participant how best to support their exit back to home and the community. Together, a plan is set up to identify or assess which transferable skills the participants may need to practice independently, so as to regain and develop such skills and to increase their confidence. There is a particular focus on the participants' downtime, as this is often the most challenging time for individuals accessing the PARC service.

Individualised approach

27 Once a participant has arrived at NF PARC, further discussion and assessments occur to assist both program workers and participants to understand the participants' unique needs and circumstances. This would then assist the further development of an individualised plan together. For example, if a participant lives in an unpleasant or unsafe environment, we may work with that participant to develop skills to manage their residence and practice self-care. If a participant is struggling with medication (which can have a great impact on participants' lives – they may be sedating, leading to weight gain, requiring regular blood tests or affecting concentration and cognitive ability), we can support participants to develop skills on how to manage these issues and have a good working relationship with their case managers who, together with the clinicians, handle their medication.

28 We also work with participants to develop better understanding of their triggers, early warning signs, their relationships with family and how they would like others to assist them if they are in crisis. In addition, participants will complete the Behavioural and Symptom Identification Scale (BASIS) – 32 questionnaire, which gives them the opportunity to self-rate the difficulties they face in 32 areas of their life – this influences how our staff would work with the participants, with the aim of addressing areas of extreme difficulty if this is what the participants want.

29 At NF PARC, there is a preference that participants focus on something they may wish to work on. Rather than determining what is best for each participant, we assist participants to determine what strategies may assist them to manage their own mental health and provide them with the scope to practice these strategies. Attached to this statement and marked **IA-2** is a copy of Wellways' practice principles.

30 Nevertheless, we practice flexibility because participants may not be in the right mindset to choose their focus, and would need time to process what has recently occurred with their mental health. We are, however, not an accommodation option so we will not accept referrals that involve accommodation as the purpose or focus of the stay.

31 In addition, as NF PARC recognises the importance of extended support in the community, the Community Team engages with the participants' families and carers whenever possible to further support participants. This also allows the Community Team an opportunity to ensure the family and carers are offered support.

Group and individual sessions

32 Each key worker runs two group sessions a week for all participants. The group sessions may involve positive psychology, sensory modulation, mindfulness, music therapy, art therapy, conversations of hope, crafts, creative writing, sleep hygiene, de-stressing or writing in the 'bullshit book' (this is based on narrative therapy – writing down the stories we tell ourselves and re-writing our narrative helps to address both stigma and self-stigma). St Vincent's peer workers also run groups at NF PARC in a specialist way, involving joint wellness plans and recovery-focused groups.

33 We run a cooking group to prepare evening meals 3 times a week. On the remaining nights, we may work one-on-one with our participants to assist with skill development to manage one's own meal for when they return home. Breakfast (cereal and toast) is provided to all participants.

34 In addition to the group sessions, we work with participants to do individual work during their stay. Such individual work may involve strategies to manage early warning signs and triggers that impact their mental health, skills development to manage their home environment, re-engagement in work or study, community connections, family involvement, building confidence, learning to navigate the system, self-care, therapy for specific needs at NF PARC or elsewhere, and utilisation of specialist services at St Vincent's (for example, peer support workers, psychologists, dieticians and occupational therapists).

35 Wellways' PARCs (including NF PARC) also offers the Life in Community (LinC) program, which is a volunteer program that involves a volunteer meeting with a participant in the community weekly or fortnightly (individually set up) to assist with the participant's transition into the community.

Wellways staff at NF PARC

36 The Community Team comprises of social workers, welfare workers, art therapists and counsellors. Their expertise are all mental health-centric and trauma-informed. Some staff members have particular interests – for example, narrative therapy and acceptance and commitment therapy. As Program Coordinator, I try to capitalise on our staff's interests and expertise by encouraging them to plan the group sessions at NF PARC accordingly (see paragraph 32 above). The Community Team also aspires to 'hold the hope' for participants when they no longer feel able to.

37 NF PARC is staffed 24 hours a day, 7 days a week. Wellways has staff members rostered over the 24 hours each day, with start-times of 8.30 am, 11 am, 1 pm and 5 pm. There may be less staff present during weekends (with lone working components during shifts and no clinicians) but we may request clinical support from the CAT Team.

38 We also have a sleepover staff member everyday (with three staff members rostered over the week) – this is a non-active shift, in that it is only provided for crisis support (including ensuring the safety of the building and everyone in the building). We have sought to make it clear to participants that PARC is not a hospital and there are limits to providing medication or active attendance when one is unable to sleep. This approach is in line with PARC's purpose to support participants to practice and develop transferable skills and strategies to manage their mental health concerns (including through the night – for example, by accessing crisis lines). Participants also work with their key workers to develop strategies to practice managing these concerns through the night – again, the focus is on transferable skills.

Please describe the PARC facility in terms of physical set up and environment.

39 Purpose-built PARCs (including NF PARC) are similar to each other. The PARCs that are not purpose-built are different in terms of physical set up.

40 NF PARC is located only 6 tram stops away from St Vincent's and has an urban set up, in that it is multi-level rather than being spread out. It is not marked from the outside. Unlike hospitals, its environment is more homely and therapeutic.

41 We have 10 bedrooms with ensuite bathrooms, a front office area (where community and clinical teams work together), breakaway rooms, a meeting room, a sensory room, a music room, a communal space with a kitchen, a TV room which also has books, and a court yard (smoke-free during the daytime).

42 NF PARC is a dry site, which means that no alcohol and other drugs are allowed on site and individuals are not to return substance-affected. Nevertheless, if that is a challenge for participants, we encourage transparency to set up robust plans to assist with substance use. This may involve known substance use with the plan of participants' taking overnight leave to go to their usual accommodation, and to return when they are sober to discuss with us the impact of substance use on mental health, relationships and their lives in general. From our experience at PARC, if there is no scope for transparency, participants tend to conceal their intention of using substances which increases risks to the relevant participant, staff and other participants.

Who receives PARC services?

What are the criteria for people affected by mental illness to access PARC's services?

43 As noted in paragraph 22 above, the intake assessment of potential participants at NF PARC is conducted collaboratively by the Community Team and St Vincent's clinicians.

44 We have a recovery-focused framework for assessing whether a person accepted into our program – the person must:

(a) be aged between 16 and 64;

(b) be a current registered consumer of St Vincent's or is eligible for St Vincent's services – that is, the person must be living with mental illness and is a resident of the City of Yarra or Boroondara;

(c) have an identified, secure accommodation option to transfer to on exit from the PARC (should the consumer be homeless, the case manager can discuss with PARC clinicians processes that involve crisis accommodation if there is a need to exit and a comprehensive discharge plan is recommended from the outset);

(d) be willing to engage in working towards a certain focus or personal recovery goals (this does not exclude consumers who are on compulsory orders);

(e) be attending to his or her own personal safety needs with a degree of independence; and

(f) be able to function as a citizen of the PARC community with some level of independence including attending to personal activities of daily living and basic meal preparation.

45 Given the close proximity of living arrangements in a PARC, we will also consider a range of other factors during the assessment process (including each individual's personal risk factors, the overall social milieu gender balance and overall acuity of the participants in the program at the time).

46 The people who access our PARC program come from a variety of backgrounds. They may be in university and face difficulties with coping with their studies, or they may be working and face interpersonal issues. They may face alcohol and other drugs issues, live in unsavoury environments or are triggered by past traumas. There are also individuals who access the PARC program because they are affected by the move of some community services to the National Disability Insurance Scheme (**NDIS**) – they used to have access to mainstream or other mental health services but they are either no longer eligible to access such services or they face difficulties navigating the system and so fall through the gaps.

Must PARC's clients come from any particular geographic location?

47 In general, NF PARC's participants must reside in the City of Yarra or Boroondara (being the adult catchment areas of St Vincent's). Attached to this statement and marked **IA-3** is a copy of a map of these areas. Also attached to this statement and marked **IA-4** is a list of the suburbs which fall within these areas.

48 People who are not from these catchment areas may be accepted on an individual basis – for example, they may be referred to us by a general practitioner or another community service.

Does the PARC assist clients who don't need to go to hospital, or who have been in hospital, or both?

49 As indicated above, NF PARC assists participants who either:

(a) 'step up' from their place of residence, as they would benefit from an increased level of support for their mental health but do not meet the criteria for an acute admission to a hospital (these participants may or may not have been admitted to hospital previously as a result of mental illness); or

(b) 'step down' from St Vincent's inpatient units, as they no longer require who no longer require intensive clinical support for their mental health or other support offered by the acute inpatient unit, but are not well enough to go back home.

50 My understanding is that PARC was initially intended to be a preventative model that caters for people in the 'step up' category and aims to prevent hospital admissions – these people may be experiencing mental health issues and need some help to get back on track, but do not require a hospital stay.

51 NF PARC receives a higher number of 'step up' referrals. Attached to this statement and marked **IA-5** is a table that summarises NF PARC's statistics for 'step up' and 'step down' entries and other related information from January to May 2019.

52 In relation to 'step down' participants, they have to be well enough to participate effectively in our program. This is because we have a low staff to participant ratio and lone working components in shifts, such that we are not equipped to deal with acute presentations.

53 Relevantly, NF PARC encourages people to include the PARC program as part of their mental health plan where necessary, especially when the person was previously admitted to an acute inpatient unit. For example, the plan may allow a person to access the PARC program once every 3 months but this is provided that the person does not have any hospital admissions during the period of the plan. This allows people to flag

when they need may extra support through PARC before they are in crisis. This also encourages people to better manage their mental health so that they are able to access PARC rather than to deteriorate in mental state and be admitted to hospital, which is a less therapeutic environment and would work against what PARC seeks to build (for example, participants' confidence).

54 The outcomes from the inclusion of the PARC program in mental health plans have been positive – the relevant individuals appear to have had less hospital admissions, have improved self-management of their mental health, and have started to access the PARC program less (for example, they may access it every 6 months rather than 3 months).

How long do PARC clients tend to stay in the facility?

55 The average length of stay at NF PARC is 19 days. It is possible for a participant to stay longer than the maximum length of stay (28 days), but only in exceptional circumstances (for example, if their place of residence is not ready for another week).

56 The length of stay for each participant at NF PARC is not fixed at 28 days – we advise participants that we review the stay on a weekly basis.

57 We need to be prescriptive as to how long participants can stay at NF PARC because the limited period of stay encourages momentum in the work between the participant and key worker. In addition, if the period of stay is longer than necessary, some participants can find it more challenging to return home (especially if the home environment is unpleasant).

58 From my experience (including with residential programs which are longer than 28 days), an average period of 28 days is sufficient to engage with participants. This timeframe also creates urgency for participants to engage with us.

Is there usually a waiting list for clients to stay in the PARC? How long is the wait?

59 I understand that other PARCS may hold long waiting lists for entry into their program. At NF PARC, however, our waiting list for entry is generally kept short. This is because we schedule an intake assessment about 1-2 weeks prior to a bed becoming available. As such, the wait time for a person on our waiting list for entry is up to 2 weeks.

60 The rationale for waiting until a bed is known to be available before doing an assessment is that there may be potential changes to a person's mental state if there is a long period between the assessment date and entry date. If more than 2 weeks has passed since the assessment date, a review may be necessary before the participant can join the program. The attachment marked **IA-5** also contains our average response rate from referral to assessment, and from assessment to entry.

61 I am aware that there are times that at other PARCs where they are able to do an assessment earlier and expedite the process, but are unable to proceed with the assessment because clinical services have not completed the referral forms. This can create an issue, especially when clinical services wish to bypass the referral process. This process is in place to protect not only the PARC team's safety, but also to ensure continuity of care and to inform support planning. Bypassing this process can lead to setting the participants up to fail at PARC, as information sharing has not occurred efficiently or pertinent information has not been handed over at all.

62 While the mental health sector needs more PARCs, NF PARC is generally managing its capacity well. We have a good rhythm by having the assessment date close to the projected entry date, so that our participants who have been assessed can move in as soon as there is bed availability.

What in your experience are the benefits that the PARC service provides to its clients?

63 In my experience, the benefits that the PARC program provides to its participants are:

(a) the opportunity to have a therapeutic environment to work on transferable skills and strategies to manage mental health before returning to home;

(b) as PARC is a short-stay residential program rather than a long-term accommodation, the limited time encourages participants to consolidate skills and develop new strategies before returning home (they may also return to PARC to troubleshoot what worked and what didn't work after practising their skills at home);

(c) the focus on preventative care – we may ask participants to consider how they are currently managing their mental health at home and what they think they might need for better management (for example, strategies, community connections and self-care); and

(d) the peer workforce is an invaluable component of PARCs, as individuals with a lived experience of mental health concerns can utilise their lived experience to support participants.

In your* experience*, is the PARC operating as intended? If not, in what ways?

64 NF PARC is operating as intended. This is, however, due to the robust relationship between myself (as Program Coordinator) and the clinicians both onsite and within the clinical partnership with St Vincent's. Where this relationship is not robust and strong, it has been observed that PARCs have a tendency to become another clinical environment that does not take advantage and utilise the benefits of a multidisciplinary team. It is the varying expertise and views of the multidisciplinary team (including the community team

and the peer workforce) that provides the richness in the recovery space for individuals that access the service and brings a more humanistic element.

65 As an extension of this, just as the clinical teams benefit from the input of the community team of the program, the community team must also develop the insights and language of the clinical environment to assist better communication with, and understanding of, the participants. As with all working relationships, it is a two-way relationship.

66 Importantly, the main focus of the PARC program is on its participants, what they need to assist with their recovery and how we can all collaborate to be enable their recovery. When one side of the collaboration is disempowered or undervalued, the workings of the PARC program would deteriorate. This collaboration requires constant attention and tending to by both sides, with the assistance of the participants' feedback.

In your experience, are there any limitations of the PARC program? If so, what are they?

67 In my experience, the PARC program is an effective model for its intended purposes but there are barriers to PARCs achieving successful outcomes. These are discussed below in paragraphs 68 to 83.

On the basis of your experience, do you think any changes are needed to support the PARC service to operate at its best?

68 Based on my experience, the following is a summary of the changes needed to support PARC services to operate at their best:

(a) improved management of medication for participants from inpatient units prior to their discharge to PARCs;

(b) better understanding amongst staff and consumers from inpatient units as to the nature and capacity of PARCs (for example, PARCs have lone working components and no overnight clinical support);

(c) greater recognition of the multi-disciplinary nature of the PARC program and collaboration between community teams and clinicians;

(d) greater opportunity for participants to choose what works for them; and

(e) resolution of the issues associated with the implementation of the NDIS.

Improved management of medication prior to discharge from inpatient units to PARCs

69 When consumers are discharged from inpatient units to PARCs, they are often discharged without PRNs (medication as required) or sleeping pills that have been provided to them in the inpatient units to assist them to remain settled and to sleep.

70 Given that PARCs may have only one community team member onsite during the day (for example, during weekends) and one community team member staying overnight on a non-active shift, and do not have medication onsite to support or settle participants, PARCs are not equipped to manage participants who are used to having such medication. What can happen is the participant either cannot sleep, which increases agitation, or deteriorates in mental state and has to be sent back to an inpatient unit, creating a revolving door situation. This approach may also increase safety risks to community teams.

71 It may be that the medication of consumers need to be managed in inpatient units to wean them off settling medications or sleepers and to ascertain their mental stability before determining whether to discharge those consumers.

Better understanding as to the nature and capacity of PARCs

72 There seems to be a lack of understanding as to the nature and capacity of PARCs amongst staff and consumers in inpatient units. This may be because doctors do rotations in inpatient units but do not visit PARCs as part of their rotations, and so have a limited understanding of how PARCs work (that is, they are communal environments and participants must have capacity to understand the limitations of PARC (as noted in paragraph 70)).

73 At times, staff in inpatient units appear to consider PARC to be an acute service and refer to PARC consumers who are not ready for a communal therapeutic environment and a reduction in clinical supports. The opposing views between such staff and PARC staff can present difficulties and frustrations during the referral process. At NF PARC, we mitigate this issue by inviting these consumers to groups held within our facilities to first ascertain their capacity to adjust to the PARC environment.

74 While NF PARC has not experienced this with St Vincent's, I understand that there is a culture in other hospitals of referring consumers with acute or complex mental health concerns to PARCs without clinical support. When community services are pressured to accommodate such consumers who are not quite ready for a communal environment, this presents safety risks to community teams which have a low staff to participant ratio (especially when a lone community worker has to manage them as well as nine other participants of the program overnight) and do not have the clinical knowledge to

dispense medication. The use of medication also undermines the purpose of PARCs, which is to develop transferable skills and strategies for use when participants return home. PARCs offer rehabilitation support and should not be an accommodation option because of the pressure on inpatient units to have available beds.

75 At NF PARC, if we experience pressure to allow a participant with increased acuity to enter the program or to have a trial stay to see how they might manage, we work towards a planned stay. After assessing the participant, we arrange for entry into the program on a Monday to see how they manage through a work week when there are more staff on site and clinical intervention is possible. As for the weekends when there is a low staff to participant ratio and no clinical support, we will work with the participant to determine if they should practice being at home with overnight leave, or if St Vincent's CAT Team should be enlisted to support the PARC team over the weekend. Importantly, NF PARC attempts to develop a robust plan with the participant and encourages them at all times to have a positive stay at PARC. While other PARCs may not have the opportunity to take this approach, we consider it important to appropriately manage participants with increased acuity; otherwise, such participants may be set up to fail in the program and there would also be safety risks for anyone involved.

Greater recognition of the multi-disciplinary nature of the PARC program and collaboration between community teams and clinicians

76 The PARC team is multi-disciplinary and consists of both a community team and clinicians. The community team members are all tertiary qualified and their ethos involves providing preventative care (rather than addressing crises).

77 When the referral process is compromised (that is, when PARCs are pressured to accommodate acute patients who may not satisfy the criteria in paragraph 44), the therapeutic interventions available at PARCs are affected as the program becomes more clinical and less focussed on multi-disciplinary and therapeutic care. Due to the acuity of the participants (who may require increased clinical support), the clinical staff may not value the multidisciplinary component of the PARC service and tend to delegate basic tasks to the community team.

78 This increased focus on clinical care can result in:

(a) deskilled community teams, who are not given sufficient opportunities to provide therapeutic interventions;

(b) institutionalised actions that do not further PARC's purpose of preventative care – for example, bus trips and compulsory attendance to structured groups, rather than a more individualised and participant-focused approach; and

(c) a reduction in the rehabilitation experience of all participants (including those who do not require as much clinical care), which can be counter-productive to the recovery process for, and therapeutic alliance with, our participants (they may feel that they have failed at PARC, compounding their mental health issues).

79 It should be recognised that it is the multi-disciplinary nature of the PARC team that contributes to the success of the PARC program. Consistent collaboration and relationship-building between the program coordinator of PARC (being responsible for the community team) and the clinicians are imperative to maintain mutual respect and to achieve positive outcomes for participants that access the service.

80 After all, while community teams and clinicians have different perspectives and can have disagreements and robust discussions, we are ultimately working towards the same outcomes for our participants – reduced admissions to hospitals and an improved quality of life for participants and their families.

Greater opportunity for participants to choose what works for them

81 At NF PARC, our group sessions are not compulsory for participants. We give them the opportunity to try different strategies that may assist them when they return home, and encourage participants to practice making choices as to what works for them.

82 I understand that such group sessions may be compulsory at some PARCs, which has been described as disempowering by participants who have had this experience.

Resolution of the issues associated with the implementation of NDIS

83 Due to the move of some community services to the NDIS, there are consumers who used to have access to mainstream or other mental health services but are either no longer eligible to access such services or facing difficulties navigating the system. While PARCs may be able to provide services to some of these consumers, it is not sustainable for PARCs to cater for consumers who used to have access to other supports in the community at the expense of other consumers.

sign here ▶ 

print name Ingrid Amann

date 04/07/2019

Royal Commission into
Victoria's Mental Health System

ATTACHMENT IA-1

This is the attachment marked 'IA-1' referred to in the witness statement of Ingrid Amann dated 4 July 2019.

CV

Ingrid Amann – personal strengths: driven, passionate, strong work ethic, clear and open style of management using a strategic approach, sound financial management, building and development of teams to reach necessary targets and service provision to tight time-frames that engender trust for long term relationships.

EMPLOYMENT HISTORY

Service Coordinator North Fitzroy PARC

Wellways, North Fitzroy, March 2015 – present

Managing a 10-bed program, supervising a team of 15 program workers, peer workers and casual workers. Working collaboratively with nurses, social workers, and consultant psychiatrist on a daily basis.

Tasks and achievements:

- Full capacity within six weeks and an average of 78% occupancy since opening in May 2015
- Developed and maintained strong, sustainable and equitable partnership relationship with ST Vincent's and other stakeholders within Inner North
- Represent Wellways with the Northern Alliance Group
- Shared On Call Duties for several residential programs – Opening Doors, South Yarra PARC, Frankston PARC, North Fitzroy PARC and Doorway
- Manage financially sound budgets and provide exceptional service to participants
- Worked with consumer groups to develop and embed trauma informed care practise within Wellways
- Utilised and worked collaboratively with St Vincent's and Nexus to implement reflective practise techniques with the PARC team on a monthly basis
- Assisted in the development of Trauma Informed Care Practice within Wellways
- Facilitated training within the Wellways organisation involving other PARC's
- Acting Regional Manager of the Inner East when required

Service Coordinator Opening Doors Program East St Kilda

Wellways, East St Kilda, February 2010 – March 2015

Managing a 32 bed residential rehabilitation program and home based outreach, supervising a team of up to 18 program workers, peer workers and casual workers. Working collaboratively with RPN4 clinical team leader, registrar and consultant psychiatrists from Alma Rd CCU on a daily basis.

Tasks and achievements:

- Developed and maintained a strong, sustainable and equitable partnership relationship with Alfred Psychiatry, Alma Road Community Care Units (CCU) and Inner South Community Health Services (ISCHS)
- Average occupancy of 90% pending Alfred referrals
- Represent Wellways within the workforce implementation committee with CCU advocating for further professional development of psychiatric nurses to work with social workers and program workers to provide improved service provision to individuals using both community care units (CCU) and other clinical services
- Working closely with Inner South Community Health Services to develop and implement a Central Intake System to streamline intake of all community mental health services in Victoria
- Embedded the Optimal Health Program within the Opening Doors Service
- Liaise with individuals who experience severe and persistent mental illness to discuss the strengths and weaknesses with regards to the services, continuity of care, service provision and future aspirations with regards to support and care
- Worked with both PDRSS, clinical services and Bayside Medicare local to design a submission to obtain funding for 'Partners in Recovery'
- Develop and support a dynamic team to provide intensive residential rehabilitation with the vision to link into NEAMI central intake post commissioning; transition from home based outreach services
- Utilised performance management processes
- Policy review and development post commissioning to changes to referral processes and central intake implementation impacting partnerships
- Shared On Call Duties for three residential programs – Opening Doors, South Yarra PARC and Frankston PARC
- Manage financially sound budgets and provide exceptional service to participants
- Intensively involved with the Inner South Easter Mental Health Alliance, representing Wellways liaising with the mental health review board for feedback

Program Worker Opening Doors Program East St Kilda

MI Fellowship, East St Kilda, February 2007 – March 2010

Development and implementation as part of team with a new program in partnership with Alfred Psychiatry/community care units (CCU). Five of the beds within the 19 bed intensive stream being CCU beds – the program worker role involved a collaborative relationship between RPN 4 nurses, social workers, and consultant psychiatrist on a daily basis. Provide home based outreach service (HBOS) to several of 13 HBOS beds within the Opening Doors Program – all case managed by either Alfred Psychiatry or Inner South Community Health Services.

Tasks and achievements:

- Provision of intensive psychosocial rehabilitation for participants in the Opening Doors program and home based outreach

- Support individuals that experience ongoing and persistent mental illness and disability to reach their full potential by implementing recovery principles
- Development of community linkages, working with Prahran Mission and Inner South Community Health Services as well as Housing organisations
- Participated and played an integral part to the development of interagency cohesiveness due to new partnership with clinical partners

Telephone Counsellor – Lifeline Melbourne

Department of Human Services Division, Melbourne 2007 - 2008

Tasks and achievements:

- Provision of telephone counselling
- Participated in ongoing supervision and training, including Applied Suicide Intervention skills

Café Manager – Alphabet City Cafe

Westgarth, Melbourne 2003 – 2006

Managed café, overseeing daily business and retail operations, overseeing 20 staff including rostering, shift change over and timesheets.

Tasks and achievements:

- Negotiated and liaised with supplier to develop long term and mutually beneficial business relationships
- Stock control including costings and margin management
- Health supervisor for food safety
- Co-developed 'Westgarth Business Group' involved with managing traffic/calming project, liaising with and petitioning VicRoads and Darebin Council

Relevant Education

Masters of Leadership

Deakin University date of completion 2021

Bachelor Degree of Counselling

Institute of Professional Counsellors, Melbourne

Leadership and Management Cert IV

LMA – Leadership and Management Australia

Diploma Counselling

Institute of Professional Counsellors, Melbourne

Qualified Member of the Australian Counsellors Association

Current

Relevant Professional Development

Commenced Masters of Leadership 2019

The Power Threat Meaning Framework 2019

Emotional Focused Therapy 2016, 2017, 2018

ASIST Suicide First AID, October 2014

VICSERV dealing with complex behaviour, October 2014

Resilience training, October 2014

Leadership Program MI Fellowship, Leadership Management Australia, 2013

Trauma Informed Care foundational training ACSA, 2015

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ATTACHMENT IA-2

This is the attachment marked 'IA-2' referred to in the witness statement of Ingrid Amann dated 4 July 2019.

Well Together: Wellways practice principles

Connect & Explore Together

We:

- respect you as the expert on your life
- listen to what is important to you and what you need
- explore your strengths and capabilities
- offer you choices wherever possible
- are honest with you about the services we offer
- support you to choose other services if we do not meet your needs
- take a hopeful and positive view of what is possible
- involve the people that matter most to you, such as your family, friends or natural supports
- ask you about the community spaces, groups and connections you want to explore
- offer support to the other people in your life, where possible
- support you to connect with peers and share your lived experience
- will continuously explore the best ways to work with you
- respect your culture, gender identity, sexuality and beliefs

Working & Planning Together

We:

- set clear goals about what we will work on
- agree on ways to work together that meet each of our needs
- create a plan together that identifies everyone involved in your support and care
- help you connect with others as part of your plan
- support you to explore risks, make choices and create considered plans
- work with you to identify and challenge things that get in the way of your plan
- review how things are going and make changes if we need to
- agree what each of us is responsible for within your plan
- offer ways to communicate with us that feel right for you

Reviewing & Reflecting Together

We:

- regularly check in about whether you feel we listen to you and are meeting your expectations
- welcome any ideas, feedback or complaints you have and use this to improve our services
- support you to gather all the information you need to help prepare for the next steps in your journey
- encourage and support you to include your family and other supports you choose in the review process

Next Steps

We:

- celebrate and recognise your achievements and success
- link you in to other services you might need
- connect you with community and supportive networks
- link your family and friends with the support they need
- assess what we have done together and if we have met your needs
- work with you to ensure other services have the information they need to provide the best outcomes for you
- make sure you know how to access our services again should you need them
- will give you opportunities to stay connected with Wellways, such as through community advocacy work

Our vision

An inclusive community where everyone can imagine and achieve their potential

Our mission

We connect people, strengthen families and transform communities.

Our values

Honesty, acceptance, fairness, commitment, participation

Our top three priorities

1. To ensure people can participate in their communities and exercise their human rights
2. To work with families, carers and friends, building skills and resources for people to flourish
3. To create welcoming communities

Our Well Together blueprint

We:

- see people as unique individuals who are not defined by impairments, diagnosis or labels
- advocate for community inclusion to be as important as treatment and rehabilitation
- assist people to make informed decisions while managing any risks
- create opportunities for connection with a diverse range of people
- use proven strategies including peer support, engaging family and friends and developing a support system
- ensure mainstream community supports are accessible to everyone
- challenge barriers to inclusion such as poverty, discrimination and inaccessible environments
- work with communities to establish supportive welcoming spaces for everyone

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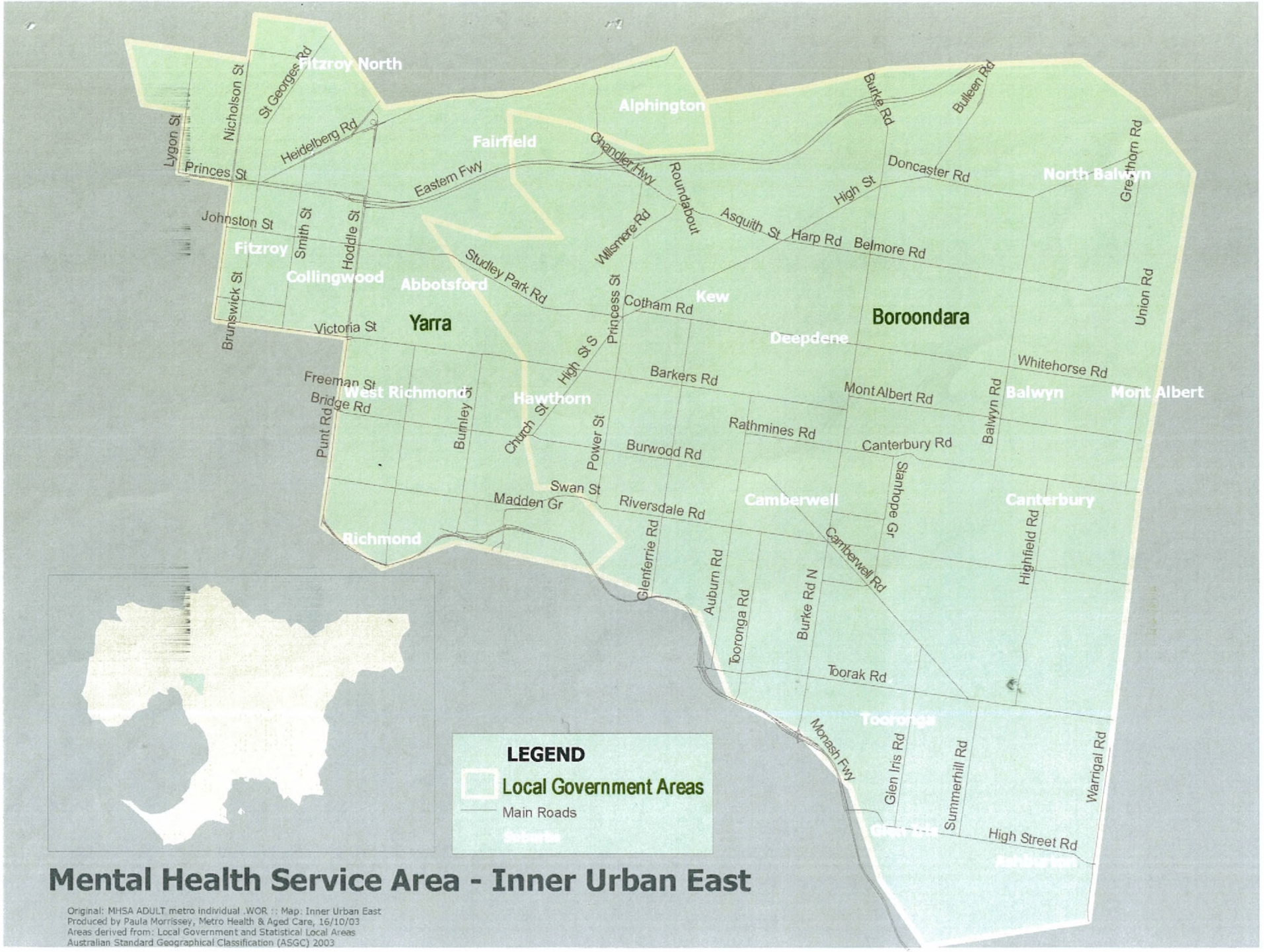
ATTACHMENT IA-3

This is the attachment marked 'IA-3' referred to in the witness statement of Ingrid Amann dated 4 July 2019.



Mental Health Service Area - Inner Urban East

Original: MHSA ADULT metro individual .WOR :: Map: Inner Urban East
Produced by Paula Morrissey, Metro Health & Aged Care, 16/10/03
Areas derived from: Local Government and Statistical Local Areas
Australian Standard Geographical Classification (ASGC) 2003

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ATTACHMENT IA-4

This is the attachment marked 'IA-4' referred to in the witness statement of Ingrid Amann dated 4 July 2019.

Relowe Cres	Nos 2-48, 1-23 only	Box Hill North
Belmore Rd	→ 413, 364	Box Hill North
Winfield Rd	All odds, + 102 →	Balwyn North
Doncaster Rd →	385, 372	→ Balwyn North
Sweyn St	All odds, evens to 72	→ Balwyn North

Boroondara Southern Boundary

Winton Rd	Nos 51→, 38 →	Ashburton
High St	(not on Malvern Rd)	Glen Iris, Camberwell only
Great Valley Rd	Nos 11→, 20 →	Glen Iris, Camberwell only
Burke Rd	Nos 351→, 326→	Glen Iris, Camberwell only
Tooronga Rd	Nos 361 →, 350 →	Glen Iris, Hawthorn

Suburbs	
Postcode	Suburb(s)
Yarra	
3002	East Melbourne
3065	Fitzroy
3066	Collingwood
3067	Abbottsford
3068	North Fitzroy except the small part which falls in the City of Moreland
3068	Clifton Hill
3121	Burnley
3078	Alphington and Fairfield the small part lying south of Heidelberg Rd only.
Boroondara	
3101	Kew (Cotham), Balwyn West
3102	Kew East (Stradbroke Park) Kew North
3103	Balwyn, Deepdene, Yooralla
3104	Balwyn North, Bellevue, Greythorn
3122	Hawthorn, Glenferrie, Barker
3123	Hawthorn East, Hawthorn South, Auburn, Auburn South,
3124	Camberwell (Middle, North, South, East, West), Hartwell
3125	Burwood (Hartwell) This postcode is for Camberwell, Box Hill, Waverley.
3126	Canterbury
3127	Mont Albert, Surrey Hills This postcode is for Camberwell, Box Hill.
3129	Balwyn East, Box Hill North
3146	Glen Iris, Hartwell This postcode is for Camberwell, Hawthorn, Malvern.
3147	Ashburton, Alamein, Ashburton, Ashwood This postcode is for Camberwell, Waverley.

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ATTACHMENT IA-5

This is the attachment marked 'IA-5' referred to in the witness statement of Ingrid Amann dated 4 July 2019.

North Fitzroy PARC stats for 2019	JAN	FEB	MARCH	APRIL	MAY
Total number of enquiries	**25**	**22**	**15**	**26**	**31**
Number of Step Up referrals	9	10	5	12	18
Number of Step Down referrals	11	7	7	6	9
Total referrals (number)	**20**	**17**	**12**	**18**	**27**
Number of Aboriginal or Torres Strait Islander referrals	2	2	0	3	2
Total number of assessments	**19**	**11**	**17**	**11**	**16**
Number of Step Up entries	11	7	9	9	11
Number of Step Down entries	4	3	3	2	4
Total number of entries	**15**	**10**	**12**	**11**	**15**
Number of Aboriginal or Torres Strait Islander entries	1	1	0	1	3
Av length of stay (days)	**18.7**	**24**	**22**	**18**	**20**
Percentage occupancy (%)	**84**	**85**	**92**	**77***	**75**

* Bed 10 was out of action for 16 bed days due to the room being closed for major plumbing repairs.