



Harmony Support Service Application Pack

Updated October 2010

Mental Illness Fellowship of Queensland
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Thank you for taking the time to apply for non-clinical support through the Mental Illness Fellowship of Queensland (MIFQ). At MIFQ we believe in recovery and an individual's right to self-determination; we work with program participants to establish their own Recovery Plan that focuses on their strengths and abilities.

We hope that this booklet will assist you in deciding whether Harmony is the appropriate service for you. If you require any assistance through this process please call us on: **(07) 55638855**.

What is Harmony?

Harmony is a non-clinical lifestyle support service which provides high quality services to individuals that facilitates the development of independence and social networks within the community. The service delivery of Harmony Support Services is centred on recovery and strengths-based frameworks. Individuals are assisted to develop their own individual recovery plan which then forms the basis of the non-clinical support Service Plan for the individual. The Harmony support worker can assist program participants to access community based groups, develop skills in catching public transport (Harmony is not a transport service) and expand their social networks within the community (not purely social support) as well as provide guidance to develop and maintain a healthy lifestyle.

Who is able to access Harmony Service?

1. You need to have a primary diagnosis of a psychiatric disability.
2. You need to be 18 years of age or over.
3. You require recovery based lifestyle support to develop independence and social networks within the community and will engage in the program.
4. You need to reside within the geographical boundaries of Harmony Support Service area (South to the NSW boarder, west to Mount Tamborine, within the boundaries of the Coomera area).

Although this is the eligibility criteria for the program and is needed to access our service we would like to emphasise that MIFQ does not believe that individuals are defined by their mental illness or psychiatric disability. We believe that a 'person is a person' first and foremost.

Reasons why we may ask for further information to consider the suitability of your application for the Harmony Service:

- If you have a history of violent or aggressive behaviour to people or property.
- If you have a drug or alcohol problem that affects your ability to work with a support worker.
- If you require a level of support that our service cannot provide.

What support is provided?

As a Recovery, Strengths Based Service, we respect an individuals' right to self determination during the process of acquiring independence. As a Harmony participant you have the opportunity to share your hopes and dreams for your life and to overcome what has been getting in the way of achieving them. You can receive one-on-one support Monday to Friday from 8:30am-4:30pm. The type and duration of one-on-one support varies from individual to individual. Much of the one-on-one support will focus on the development of independent daily living skills and may include:

- Learning how to do clothes washing.
- Learning how to clean the bathroom.
- Learning how to create a budget.
- Learning how to create a shopping list.
- Learning how to complete food shopping independently.
- Accessing a course at Tafe.

- Learning how to catch public transport.
- Creating a resume.
- Applying for employment.
- Accessing Centrelink.

Harmony support staff will also provide support through encouraging and supporting you to access the community and will encourage you to live a healthy and active lifestyle within the community. This may include assisting you to access:

- Friendship programs
- Social Support groups
- Community Activities
- Supported Group Activities
- Tafe Courses
- Federation Hub House
- Volunteer work
- Assistance with linking to transport facilities such as Transcord and/or taxi vouchers
- Assistance to catch public transport.

MIFQ wants to promote the use of public transport with all individuals and it is expected that you catch public transport with MIFQ employees to appointments etc so that you can develop these skills to be able to complete these tasks independently.

What Recovery means to MIFQ?

At MIFQ we are committed to providing quality support that enables each individual to reclaim their lives within the community. We believe recovery is an individual process and that our role as a support service is to provide you with opportunities, information and resources that will assist you to live the life you choose. We can not recover for you we can only walk along side you during your time with us and hopefully help you develop skills and abilities to continue along your recovery journey.

Does Harmony Provide Transport?

No. Harmony is designed to encourage you as a participant to connect with the community and link in with public resources. MIFQ promote the use of public transport and it is expected that you will work with Harmony support workers to develop your skills in this area so that you can attend appointments etc independently eventually. We can also provide you with information about other transport options such as Transcord and/or the use of taxi vouchers.

How much support will I receive?

Your allocated time will be reviewed constantly to ensure that the support provided continually assists you to meet your individual goals of independence in the community. This means that support can be increased or decreased depending on your changing support needs. On average, individuals receive support of between 2-3 hours a week.

How do I apply for Harmony?

Complete the following;

- Referral form attached.
- Consent form attached.
- Please provide any relevant documentation relating to criminal history charges or convictions, community service orders, guardianship orders, public trustee involvement or any other relevant information.

If you require assistance completing the form please call the MIFQ office on 5563 8855 where your call will be forwarded to someone who can assist you or they will take your name and number and someone will call you back as soon as possible.



Non-Clinical Support Harmony Referral Form

First Name: _____ Surname: _____

Address: _____ Postcode: _____

D.O.B. _____ Sex: Male Female (Please circle)

Home number: _____ Mobile Number: _____

Do you have a primary mental health diagnosis? If yes, please provide further details:

Resources to meet your needs: MIFQ currently provides services and support to a large number of individuals who have a variety of support needs; we need to determine whether our organisation has the resources available at this time to support you in your recovery effectively.

Please tick which needs you would like assistance or support with;

Managing my mental distress	<input type="checkbox"/>	Further education	<input type="checkbox"/>
Information on medication	<input type="checkbox"/>	Community Centres	<input type="checkbox"/>
Health and Wellbeing	<input type="checkbox"/>	Recreation options	<input type="checkbox"/>
Travel Allowances	<input type="checkbox"/>	Health and Wellbeing	<input type="checkbox"/>
Unemployment or disability benefits	<input type="checkbox"/>	Negotiating with service	<input type="checkbox"/>
Creating a budget or shopping list	<input type="checkbox"/>	Information on advocacy services	<input type="checkbox"/>
Accessing public transport	<input type="checkbox"/>	Rental advice and support	<input type="checkbox"/>
Finding a job	<input type="checkbox"/>	Banking	<input type="checkbox"/>
Voluntary work	<input type="checkbox"/>	Clothes Washing	<input type="checkbox"/>
Creating a resume	<input type="checkbox"/>	Applying for employment	<input type="checkbox"/>
Training for work	<input type="checkbox"/>	Learning how to complete food shopping independently	<input type="checkbox"/>

* Adapted from 'Direct Power' by the Community Support Network, Brixton and MIND, London.

Please tick which needs you would like assistance accessing or linking into;

Child care and benefits	<input type="checkbox"/>	Respite care	<input type="checkbox"/>
Anger and frustration	<input type="checkbox"/>	Sexual problems	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>	Loneliness and isolation	<input type="checkbox"/>
Indigenous support	<input type="checkbox"/>	Family relationships	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	Alcohol and drug related problems	<input type="checkbox"/>
Home help	<input type="checkbox"/>	Help with meals	<input type="checkbox"/>
Advice on mental health act	<input type="checkbox"/>	Telephone	<input type="checkbox"/>
Support groups	<input type="checkbox"/>	Accommodation	<input type="checkbox"/>
Centrelink	<input type="checkbox"/>	Meals on wheels	<input type="checkbox"/>
TAFE	<input type="checkbox"/>	Department of Housing	<input type="checkbox"/>
Psychiatrists	<input type="checkbox"/>	General Practitioner	<input type="checkbox"/>
Dentist	<input type="checkbox"/>	Public Trustee (financial assistance)	<input type="checkbox"/>

* Adapted from 'Direct Power' by the Community Support Network, Brixton and MIND, London.

How do you feel you would benefit from the Harmony Support Service?

Self Assessment of Risk:

We believe everybody should be given an opportunity from their own perspective to provide information relating to past behaviours. We ask that you answer the following questions honestly to help us ensure your safety, the safety of our support staff and others. Any details on this form will remain confidential and you will be given an opportunity to discuss this information with a MIFQ representative before we make a decision about your suitability for the program.

Things that may impact on someone's safety	Yes	No	Date of last occurrence
Do you have a past history of aggression to property?			
Do you have a past history of aggression to persons?			
Have you attempted suicide?			
Have you ever self harmed?			
Have you ever harmed others?			

Have you ever used;	Frequently	Occasionally	Once or twice	Never
Heroin / Cocaine				
Amphetamines & Methlyamphetaines				
Marijuana				
Other illegal substances				
Inhalant				
Alcohol				
Tobacco				

Is there anything else you feel we may need to know when considering your application for support with Harmony?

Professional Contacts:

MIFQ does not provide clinical support, however it is preferred that people who access our services have someone providing clinical support. Clinical support could come in the form Case Manager, Psychologist, General Practitioner.

Do you have someone who provides clinical support? *(Please circle)* Yes No

Name: _____

Relationship to you: _____ Contact Number: _____

Do you give permission for MIFQ to contact this person about your application and ongoing support needs? *(Please circle)* Yes No

Is this person supportive of your application? *(Please circle)* Yes No

Intake Interview:

Would you like to invite an advocate to be present during our contact with you in relation to our intake processes? *(An advocate is a person to give support, encouragement and to speak on your behalf if needed. This can be a friend, family member or an advocate from an organisation like Gold Coast Advocacy Services).*

Yes No

If yes, would you like us to contact this person with a meeting time and date or would you like to let them know the details?

Yes No

If yes, please complete their name and phone number.

Name: _____ Phone Number: _____

If you don't know someone we can give you a contact number and/or help you to obtain an advocate.

Applicant's Name: _____ Date: ___/___/___

Referrers Name (if not applicant): _____ Date: ___/___/___

Relationship to applicant: _____

OFFICE USE ONLY:

Documents Received:

- Referral Form
- Consent Form
- Additional Information
- Entered in database. ___/___/___
- Application number: _____
- Applicant eligible – letter sent ___/___/___
- Applicant not eligible – letter sent ___/___/___

Intake Processes:

- Discussed at team meeting. ___/___/___
- No interview offered.
- Interview offered. Date: ___/___/___ Time: _____

Intake Interview:

- Interviewed by: _____
- Interview Outcome: _____

- Accepted, applicant called and advised allocated worker** ___/___/___
 - o Create new program participant file.
- Accepted, applicant called and advised accepted & placed on waitlist, letter sent confirming.** ___/___/___
 - o Update Harmony Support Service Database.
- Not accepted, applicant called and advised, letter sent.** ___/___/___
 - o Update Harmony Support Service Database.



Non-Clinical Support Consent Form

I, _____ hereby give consent for employees of the Mental Illness Fellowship of Queensland (Incorporated as Schizophrenia Fellowship of Queensland) to receive and share information with Doctors, Case Managers, Mental Health Services and other individuals relevant to my support and service delivery as nominated below.

I am aware that this will enable the service to:

- Gain appropriate information to assist the type of support I receive
- Ensure the best possible service plan and delivery

1. 'Global Mark' Independent Accreditation Team – DSQ standards
2. _____
3. _____
4. _____
5. _____

Please note that the Fellowship is required to release information about program participants (without identifying you by full name or address) to Disability Services Queensland and to the Australian Institute of Health and Welfare, to enable statistics about disability services and their clients to be compiled.

The information will be kept confidential for a period of 7 years. This information is used for statistical purposes only and will not be used to affect your entitlements or your access to services.

As a program participant of CSTDA-funded services you have the right to access your own files and update or correct information in the CSTDA NMDS collection.

I have been offered independent advocacy services prior to signing this form.

Program Participant: _____ Signature: _____ Date: ____/____/____

Mental Health Worker: _____ Signature: _____ Date: ____/____/____

For Office Use Only – 6 monthly review from completion date. New form to be completed, please ensure that the individuals the program participants give consent to be contacted in relation to the non clinical support match those indicated on their program participants contacts from.
Next Review Date: _____

Thank you for taking the time to complete this application for Harmony

When sending your application back to us don't forget to include the following documents:

- Referral form (attached).
- Consent form (attached).
- Please provide any relevant documentation relating to criminal history charges or convictions, community service orders, guardianship orders, public trustee involvement or any other relevant information.

One of our friendly Mental Health Workers will be in touch shortly to discuss your application for Harmony!