

# 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 with 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.

Funding for the PHaMs program is 'in scope' to transition to the National Disability Insurance Scheme (NDIS) and so participants who are eligible for the NDIS are expected to commence transitioning out of the program. This may affect the comparability with previous and future published years of the PHaMs data.

This section presents information for PHaMs service participants for 2014–15.

## Key points

- There were 20,337 participants in PHaMs services during 2014–15. The number of PHaMs participants increased by an annual average rate of 13.2% between 2010–11 and 2014–15.
- In 2014–15, the most commonly reported mental illness diagnosis category experienced by participants was Mood disorders (67.5% of participants).
- A Specialist mental health care service was the most frequently recorded source of referral to a PHaMs service (26.5%).
- The most commonly reported special needs group was Alcohol and/or drug misuse (25.6%).
- The most frequently reported functional limitations among PHaMs participants were Learning, applying knowledge and general demands (97.4%), Social and community activities (96.9%), Interpersonal relationships (96.3%) and Working and employment (95.0%).
- Of the 6,730 participants who exited a PHaMs service in 2014–15, about 2 in 5 (37.5%) exited because they reached their goals.

Data in this section were last updated in July 2016.

## PHaMs participants

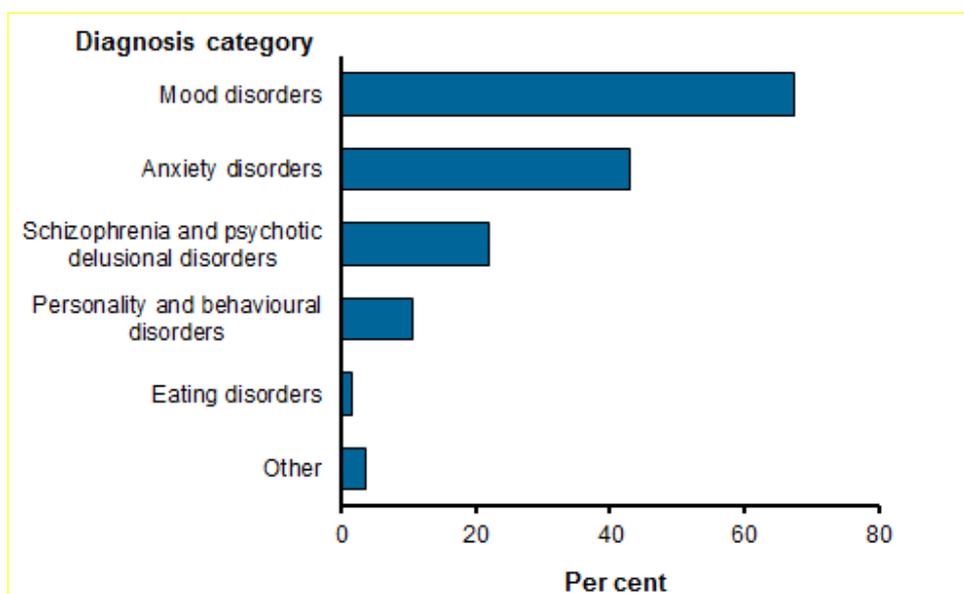
There were 20,337 participants in PHaMs services during 2014–15. The number of participants increased by an annual average rate of 13.2% between 2010–11 and 2014–15 (Table PHAMS.10).

During 2014–15, almost half of PHaMs participants were aged 25–44 (46.3%), more than half were female (56.9%), more than 4 in 5 were Australian-born (83.5%) and about 2 in 5 reported a comorbid disability (37.5%). About 3 in 5 PHaMs participants resided in *Major cities* (58.9%) (Table PHAMS.1). About 9 out of 10 lived in a private residence (87.3%) and about half of PHaMs participants were living with their family (52.8%) (Table PHAMS.2). Aboriginal and Torres Strait Islander people, who represent 3.0% of the Australian population (ABS 2013), were proportionally over-represented, making up 11.8% of PHaMs participants (Table PHAMS.1).

## Mental illness diagnosis

More than 9 in 10 PHaMs participants reported a mental illness diagnosis at the time of initial assessment on entry to the program (91.4%) (Table PHAMS.1). The most commonly recorded mental illness diagnosis categories were Mood disorders (67.5%), Anxiety disorders (42.9%) and Schizophrenia and psychotic delusional disorders 21.8% (Figure PHAMS.1).

**Figure PHAMS.1: PHaMs participants, by mental illness diagnosis category, 2014–15**



Source: Department of Social Services.

Source data: Personal Helpers and Mentors Table PHAMS.3 (221KB XLS).

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## Reference

ABS 2013. Australian Bureau of Statistics. Australian demographic statistics. Aug 2013. Cat. No. 33238.0.55.001. Canberra: ABS.

## Comorbid disabilities

In addition to a mental illness, more than a third of PHaMs participants reported experiencing another significant disability (37.5% or 7,618 participants), with 1 in 5 participants (20.2%) reporting a Physical disability. Other reported comorbid disability categories included Specific learning/Attention Deficit Disorder (other than intellectual) (4.6% of participants) and Intellectual (including Down syndrome) (3.7%) (Table PHAMS.4).

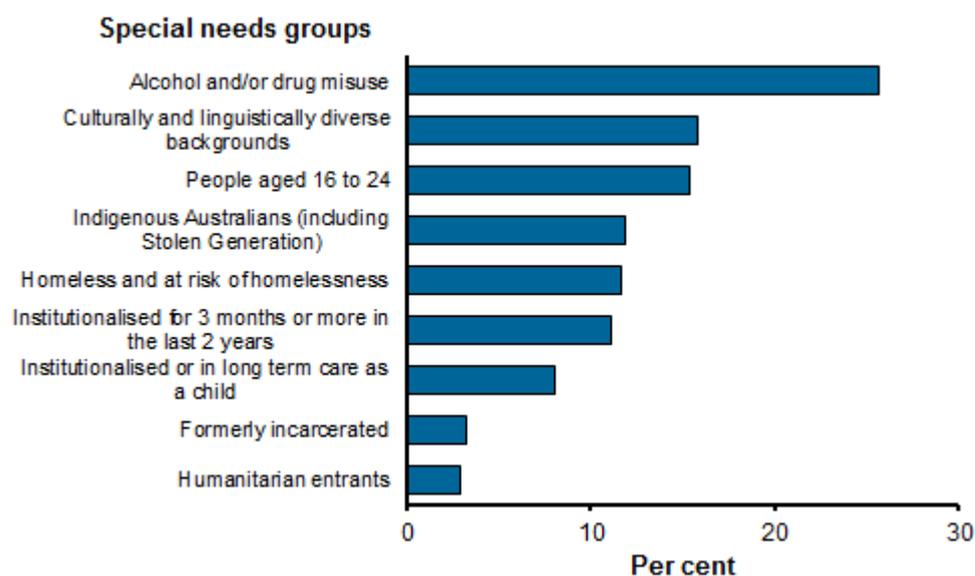
## Referrals

A Specialist mental health care service (26.5%) was the most frequently recorded source of referral to the PHaMs program during 2014–15, with Self referral (17.6%) the next most common source (Table PHAMS.5).

## Special needs groups

PHaMs services identify groups of people who face additional disadvantage in their recovery as [special needs groups](#). The most commonly reported special needs group was Alcohol and/or drug misuse (25.6%), followed by Culturally and linguistically diverse backgrounds (15.9%) (Figure PHAMS.2). Participants may be in more than one special needs group.

**Figure PHAMS.2: PHaMs participants, by special needs group, 2014–15**

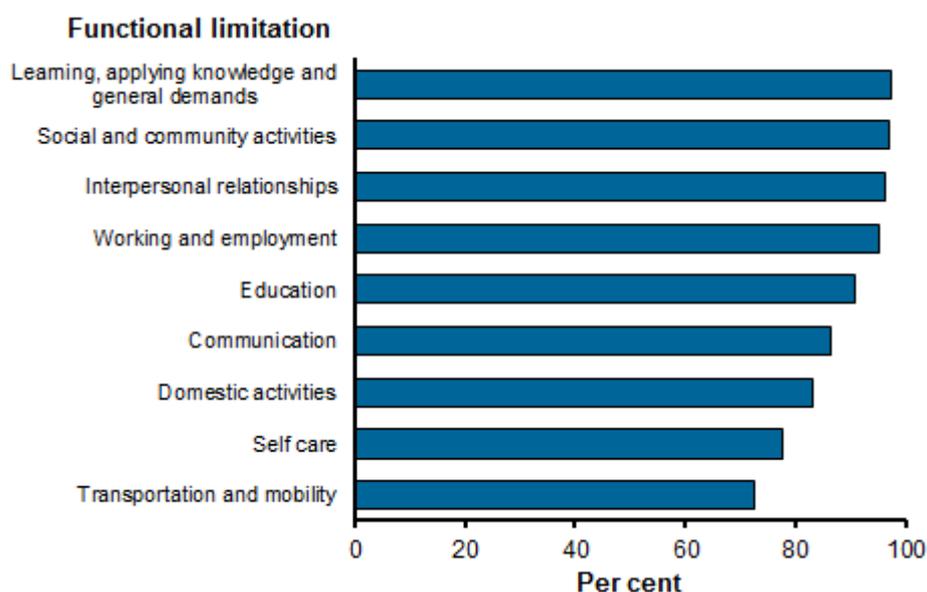


Source: Department of Social Services. Source data Personal Helpers and Mentors Table PHAMS.6 (221KB XLS).

## Functional limitations

Upon entry into a PHaMs service, participants are assessed on their areas of [functional limitation](#) resulting from mental illness. In 2014–15, the 4 most common limitations were Learning, applying knowledge and general demands (97.4%), Social and community activities (96.9%), Interpersonal relationships (96.3%) and Working and employment (95.0%) (Figure PHAMS.3). It is important to note that participants commonly report multiple areas of functional limitation.

**Figure PHAMS.3: PHaMs participants, by functional limitation area at time of initial assessment, 2014–15**



Source: Department of Social Services. Source data Personal Helpers and Mentors Table PHAMS.7 (221KB XLS).

## Reason for exiting the service

Of the 6,730 participants who exited a PHaMs service in 2014–15, 2,524 participants (37.5%) exited because they reached their goals, about 1 in 5 (21.3% or 1,432 participants) chose to leave the service, and about 1 in 9 (11.1% or 746 participants) did not return to the PHaMs service after six months (Table PHAMS.9).

# 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.

From 2015–16 DSS introduced a new approach to program performance reporting. Data collection and reporting of the PHaMs service will be from the Departments Data Exchange. Time series data may not be consistent due to the collection mechanism between years.

### 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 9 potential areas of [functional limitation](#). 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>	<p><b>Functional limitations</b> are areas of personal functioning where the participant requires support, as identified by the PHaMs Eligibility Screening Tool.</p> <p>Functional limitation categories:</p> <ul style="list-style-type: none"><li>• Learning, applying knowledge and general demands</li><li>• Social and community activities</li><li>• Interpersonal relationships</li><li>• Working and employment</li><li>• Education</li><li>• Communication</li><li>• Domestic activities</li><li>• Self care</li><li>• Transportation and mobility.</li></ul>
<b>Special needs group</b>	<p>PHaMs identifies groups of people that face additional disadvantage in their recovery as <b>special needs groups</b>.</p> <p>Special needs groups:</p> <ul style="list-style-type: none"><li>• Alcohol and/or drug misuse</li><li>• Culturally and linguistically diverse backgrounds</li><li>• People aged 16 to 24</li><li>• Indigenous Australians (including Stolen Generation)</li><li>• Homeless and at-risk of homelessness</li><li>• Institutionalised for 3 months or more in the last 2 years</li><li>• Institutionalised or in long term care as a child</li><li>• Formerly incarcerated</li><li>• Humanitarian entrants.</li></ul>