Housing support for people living with mental illness

By Dr Graeme Brown, Dr Martin Hemsley and Associate Professor Winsome St John.

The Recovery and Accommodation Project (RAP) is a focus group design research project investigating community housing options for people who have experienced an acute episode of mental illness. The RAP is currently being implemented through the School of Nursing and Midwifery at Griffith University on the Gold Coast in Queensland.

Project leader Dr Graeme Browne has a background and interest in this field, with an understanding from his earlier research of the critical role housing plays for people recovering from episodes of mental illness.

The project will look at this issue from a ‘recovery’ framework, by approaching it from the perspectives of the key stakeholders. The research team is working toward discovering, supporting and promoting people’s self-perceived interests with regard to housing, under the theoretical assumption that individuals do best when their own ability to make strong life choices is acknowledged and upheld.

Historically in Australia, people who experienced mental illness were routinely institutionalised in a highly patronising health care system. Since the process of deinstitutionalisation in the 1980’s, this group has experienced a lack of resources as well as debilitating social stigma, as they struggle to find their way in a community which can be rejecting and unsupportive.

The project coincides with new measures for improved services and social empowerment for people who have experienced mental illness. Initiatives long called for from quarters such as the Burdekin Report (Burdekin et al 1993), are finally emerging in government policy and funding measures.

In the first phase of the project, researchers will run focus groups comprised of people recovering from episodes of acute mental illness, as well as for their supporters. A priority is giving a voice to the users of services, using an action research orientation aimed at facilitating consultation, participation, empowerment and change. The team will explore the stakeholders’ priorities for developing a model for service delivery. Other issues significant to recovery, such as employment, social support and societal integration will also be explored. Interest has already been shown by stakeholder advocacy groups which have been approached with a view to their participation in the project.

Flight nurses are go

By Suzanne Hood

The Royal Flying Doctor Service (Queensland Section) offers a unique nursing experience that combines primary and acute care. It provides an aero-medical health care network that covers Queensland, the surrounding islands and links with other interstate retrieval networks.

The essential qualifications for flight nursing with RFDS (QLD Section) are: registration with the QNC, broad general experience, midwifery and either intensive care or emergency nursing experience. Flight nurses are also required to complete a rural and isolated practice endorsement. Immunisation endorsement and

a child health qualification are required at clinic bases.

The flight nurse role encompasses emergency, inter-hospital transfer (IHT) and primary health care. Services bridge the distances to achieve timely health care for RFDS patients. The RFDS (QLD Section) is considered a remote area workplace.

Primary health care is another core role for flight nurses. Child health, school health, ante-natal care and education, health promotion, both adult and child, and immunisation programs for adults and children are attended as part of regular clinic services.

Providing primary response for emergency situations in rural and isolated areas is a core role. The transfer of acute and critical patients provides an essential link between lower level health care facilities to secondary and tertiary level services.

The majority of IHT flights are nurse only. Aircraft can carry up to two ventilated patients at a time. The maximum number of patients that can be transferred at any time is two stretcher and two sitting patients. Predominately RFDS (QLD Section) transports cardiac, trauma and ante-natal patients. This reflects the diversity of a flight nurses’ workload and also the socio-demographic diversity within Queensland.

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