

[www.bringbackphams.com](http://www.bringbackphams.com)

# **BRING BACK PHAMS**

## **CAMPAIGN INFORMATION PACK**





# Bring Back PHaMs

## Campaign Information Pack V1.1

We are reaching out to you to rally support for an important cause that aims to bridge the gaps in the mental health system and provide adequate community support for people living with severe mental health issues.

We present the Bring Back PHaMs campaign, an advocacy effort to reinstate funding for Personal Helpers and Mentors (PHaMs) program in Australia. We are seeking support from organisations and individuals to back this campaign and stand with us to advocate for the return of PHaMs.

### Background:

The Personal Helpers and Mentors (PHaMs) program aimed to assist individuals whose lives were severely impacted by their experience of mental illness<sup>1</sup>.

PHaMs was initially launched in July 2006 following the Prime Ministers' announcement for Commonwealth funding of \$1.9 billion over five years toward Mental Health. \$284.8 million of funding was provided to the non-government sector (NGO) to engage 900 personal helpers and mentors to assist people with a mental illness living in the community to better manage their daily activities.<sup>2</sup>

The PHaMs program was delivered nationally by a range of NGO's who tendered for the funding to deliver the service. It operated successfully for over 10 years with funding from the Department of Social Services. Sadly, by 2019, PHaMs was defunded with the expectation that the National Disability Insurance Scheme (NDIS) would adequately cater to the needs of individuals with mental health issues. However, many individuals living with mental health issues are left without necessary support as they are deemed ineligible for the NDIS.

### Objective:

The objective of the Bring Back PHaMs advocacy campaign is to urge the Australian Government to reinstate national funding for Personal Helpers and Mentors (PHaMs) services. The campaign aims to ensure that individuals with severe mental health issues have access to quality psychosocial support beyond the scope of the National Disability Insurance Scheme (NDIS). By securing funding for PHaMs we can bridge the gap in services and reach those who would otherwise fall through the cracks of the system.

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<sup>1</sup> Australian Institute of Health and Welfare (2012) Personal Helpers and Mentors service.  
<https://www.aihw.gov.au/getmedia/c6619086-c198-449e-a0d4-f30ad59a8024/Personal-Helpers-and-Mentors-2011-12.pdf.aspx>

<sup>2</sup> Council of Australian Governments (COAG) (2006) National Action Plan on Mental Health 2006 – 2011.  
<https://apo.org.au/sites/default/files/resource-files/2006-01/apo-nid159056.pdf>

## Key Messages and Reasoning to Bring Back PHaMs:

### 1. Bridging the gaps:

Approximately 154,000<sup>3</sup> to 629,000<sup>4</sup> people with severe and persistent mental illness in Australia are missing out on essential psychosocial supports. By advocating for the return of PHaMs, we can bridge this gap and provide a lifeline for those in desperate need.

### 2. Ease of access:

Unlike the NDIS, PHaMs did not require participants to have a diagnosis of mental illness for service eligibility, saving valuable time and resources spent on assessments and evidence gathering. Referrals to the program could come from any source, including self-referrals and referrals from family and service providers. Participation in the program had no time limit.

### 3. Short waiting periods:

Once referrals had been made, PHaMs services started in a timely manner, reducing waiting periods and enabling individuals to access support when they needed it most. “[PHaMs] clients commenting on how easily and quickly they were able to access the help they needed.”<sup>5</sup>

### 4. Comprehensive Support:

PHaMs services offered a holistic approach and community focussed support. Providing links to housing support, employment and education opportunities, independent living skills courses, and other mental health and allied health services. The revival of PHaMs would ensure that individuals receive coordinated, integrated, and complementary services tailored to their unique needs.

### 5. Strengths-Based Model:

PHaMs employed a strengths-based approach, focusing on what individuals can do rather than on their deficits. This approach aligns with the concept of personal recovery.

## What is PHaMs:

The PHaMs program provided services to support individuals in managing their daily activities and accessing necessary services such as accommodation, social support, healthcare, welfare, and employment. It focused on building personal capacity, promoting self-reliance, and increasing community participation. PHaMs specifically catered to people with severe mental illness who faced difficulties living independently due to the impact of their mental health issues.

<sup>3</sup> Productivity Commission (2020) Mental Health, Report no. 95, Canberra Publications.

<https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>

<sup>4</sup> National Mental Health Commission (2014) The National Review of Mental Health Programmes and Services. Sydney: NMHC. Published by: National Mental Health Commission, Sydney.

<https://www.mentalhealthcommission.gov.au/getmedia/6b8143f9-3841-47a9-8941-3a3cdf4d7c26/Monitoring/Contributing-Lives-Thriving-Communities-Summary.PDF>

<sup>5</sup> ARTD Consultants (2011) Targeted Community Care Mental Health - draft report - performance framework data. <https://agedcare.royalcommission.gov.au/system/files/2020-06/CTH.0001.5000.0466.pdf>



The program took a holistic approach, considering not only mental health issues but also additional physical, emotional and social well-being factors that influenced mental health recovery. Recovery was viewed as a personal journey driven by participants' goals, helping them cope and overcome challenges along the way.

Participants in PHaMs were assigned a personal helper and mentor who supported them in reaching their recovery goals. The program ensured that any additional services needed were coordinated, integrated, and complementary to the individual's needs. PHaMs workers also worked alongside participants to develop Individual Recovery Plans focused on their goals and recovery journey. PHaMs aimed to engage and support the involvement of family, carers, and other relationships, while progress against the Individual Recovery Plans was monitored and reported.

Participation in the program had no time limit, and a formal diagnosis was not required. Referrals to the program could come from any source, including self-referral. Feedback from participants indicated a high level of satisfaction. Many clients appreciated the improved access to supports and services, including networks of peers (people living with mental health issues) and information and referral services. The responsiveness of PHaMs services was also highly praised, with clients highlighting how quickly and easily they could access the help they needed. The quality of services provided by helpers and mentors was often commended, with clients expressing gratitude for the positive impact on their lives and the assistance in achieving their goals, particularly in areas such as self-confidence and capacity building.

PHaMs was initially launched in July 2006 and operated successfully for over 10 years with funding from the Australian Government. However, due to the National Disability Insurance Scheme (NDIS) taking priority, the government made the decision to withdraw funding for PHaMs. The funding reduction process began in 2015, ultimately resulting in the complete revocation of funding for the program by 2019. As a result, the PHaMs program is no longer operational.

## **Case Studies and Personal Stories:**

### **The gaps:**

"A peer worker had the opportunity to work with a gentleman in 2020 during the COVID lockdowns. Instead of running face-to-face support groups as planned, the peer worker ended up providing one-on-one phone check-ins. During this time, they connected with a gentleman who was extremely isolated and lacked support for his severe mental health issues. Weekly phone chats were scheduled.

The gentleman had previously attempted to apply for the National Disability Insurance Scheme (NDIS) but was rejected five times, using only a doctor's note from his GP as evidence. The peer worker explained that he would need to gather a lot more evidence and they may be able to find a service to help him apply again, but he said he had been rejected enough in his life and couldn't take it again. Unfortunately, they couldn't find any suitable alternatives outside the NDIS. The gentleman lived in the 'wrong' postcode, lacked the appropriate diagnosis, and fell outside age requirements. Besides their weekly phone chats, the peer worker couldn't find any additional support for him.

One day, the gentleman called the peer worker to inform them that he was in the hospital after a suicide attempt. The shocking reality of this situation is this; he was now eligible for a crisis program designed for people recently discharged from the hospital. It took for him to



reach crisis before he could get the help he so desperately needed.”

By bringing back PHaMs we can provide support to people not on the NDIS before they reach crisis point.

### **Hayley's story:**

“At the age of 17, life became overwhelming, leading Hayley to shut down completely. She withdrew from school, isolated herself from her family, and cut off contact with friends, effectively disconnecting from the world. This state of despair persisted for 18 months, during which Hayley contemplated death and suicide. Hayley's mother tirelessly searched for suitable psychosocial support services and eventually found one that she was eligible for; PHaMs.

PHaMs became a turning point in Hayley's life. It provided her with a personal helper and mentor who met with her weekly, assisting her in developing a Wellness Recovery Action Plan. They worked at her own pace, asked thought-provoking questions, helped her leave her house, accommodated her abilities, and opened doors to new possibilities. Through PHaMs, Hayley defined her own concept of recovery, learned to prepare healthy meals on a budget, connected with peers facing similar challenges, developed self-advocacy skills, and discovered her own strengths.

During a group outing, a PHaMs worker approached Hayley and remarked, "Hey, I noticed your interaction with one of the participants, and I believe you have the potential to become a mental health worker. Perhaps you could consider pursuing that path in the future." This simple statement ignited a spark of hope within Hayley.

Eventually, Hayley did pursue a career in the mental health field and now delivers training to other mental health workers, imparting her knowledge of strengths-based practice, inspired by her own experiences with PHaMs.

Hayley firmly believes that without PHaMs, she would not have been able to leave her house, rebuild her relationships with her family, find employment in the mental health field, or even be alive today.

Inspired by her own experiences with PHaMs and disheartened seeing the experiences of some of her peers, Hayley founded the Bring Back PHaMs advocacy campaign in hopes that other people might have the same access she did.”

### **How you can help:**

#### **1. Sign the Petition:**

Visit [www.bringbackphams.com](http://www.bringbackphams.com) and sign the petition to demonstrate your support for reinstating PHaMs funding. Encourage your staff, clients, and networks to do the same. Every signature counts in our fight to bring back essential psychosocial support.

#### **2. Call out for Success Stories:**

Help us amplify the impact of PHaMs by sharing stories of participants, carers, or service providers who have experienced the benefits firsthand. Use your platforms, newsletters, and social media to spread the word and ask people to share their experiences of PHaMs. By highlighting real-life success stories, we can showcase the



importance of PHaMs and the positive outcomes it can achieve.

**3. Reach out to Politicians:**

Write to your local government representatives, urging them to support the return of PHaMs. When you sign the petition at [www.bringbackphams.com](http://www.bringbackphams.com), you will receive a personalised letter addressed to your local Member of Parliament.

Share your experiences and highlight the urgent need for comprehensive psychosocial support.

**4. Follow and Share:**

Stay connected with the Bring Back PHaMs campaign on social media. Like and follow our pages on [Facebook](#), [LinkedIn](#), and [Instagram](#). Share our posts and updates to raise awareness among your networks. Help us reach a wider audience and generate support for the cause.

**5. Gather Resources:**

Support the Bring Back PHaMs campaign by offering your skills and resources.

- If you have spare funds, consider contributing to cover website hosting or advertising costs.
- Share access to previous data or documents about the PHaMs program that could strengthen our campaign.
- Additionally, connect us with your relevant political or journalist contacts. These connections can help us amplify our message and reach decision-makers.

**Conclusion:**

The Bring Back PHaMs campaign is a crucial advocacy effort that aims to reinstate funding for the Personal Helpers and Mentors (PHaMs) program in Australia. The current gaps in the mental health system have left many individuals with severe mental health issues without the necessary support they desperately need. By advocating for the return of PHaMs, we can bridge these gaps and provide a lifeline for those who would otherwise fall through the cracks.

Supporting the Bring Back PHaMs campaign can be done through signing the petition, sharing success stories, reaching out to politicians, following and sharing on social media, and providing resources.

*Additional resources can be found in the shared [Google Drive folder](#). You will find PHaMs reports, social media content and more.*

Thank you for your consideration and support.

Sincerely,

**Hayley Harris**

Bring Back PHaMs founder

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