

2007

**THE LEGISLATIVE ASSEMBLY FOR THE  
AUSTRALIAN CAPITAL TERRITORY**

**GOVERNMENT RESPONSE TO THE STANDING COMMITTEE  
ON HEALTH AND DISABILITY  
REPORT No 4**

***APPROPRIATE HOUSING FOR PEOPLE LIVING WITH A MENTAL  
ILLNESS***

**TABLING STATEMENT**

**Presented by  
John Hargreaves MLA  
Minister for Housing**

Mr Speaker, it gives me great pleasure to today table the ACT Government's Response to Standing Committee on Health and Disability Report No 4 *Appropriate Housing for People Living with Mental Illness*.

I would like to commend the Standing Committee for its consideration of this complex and challenging issue and acknowledge the broad range of stakeholders who provided input into the inquiry process and recognise their commitment to improving mental health and housing services and subsequently the lives of people who live with mental illness.

In particular, I would like to acknowledge the contributions of the mental health consumers and their carers who participated in the inquiry and thank them for allowing their experiences to inform the Committee's consideration.

Mr Speaker, the ACT Government welcomes the Standing Committee's report and its recommendations as it provides an opportunity to recognise the strengths and achievements of current mental health and housing services. It also provides an opportunity to confirm the ACT Government's commitment to the delivery of effective, efficient and responsive health and support services and the vital role these services play in the fabric of our community.

The Standing Committee Report makes 15 recommendations. The Government agrees to six of the recommendations, three are agreed to in principle, and six recommendations have been noted, as there are a range of program and policy initiatives underway which meet the terms of these recommendations. No recommendations are disagreed with by the Government.

The report identifies that access to, and maintenance of, suitable accommodation, and mental health support services are inter-related for people with mental illness. The stability of one can directly determine a person's ability to access and manage the other.

Appropriate support to assist people to manage their mental illness plays a critical role in maintaining housing stability, which in turn provides greater personal stability and contributes to people's capacity to self-manage their mental illness.

Accommodation, therefore, is considered by the Standing Committee to be one of a suite of individualised support services which should work together to assist people with mental illness – and their carers – to maintain their individual well-being and live, contribute and participate fully within their community.

The importance of integrated and collaborative service responses is recognised by the Standing Committee. The need for close working relationships between accommodation providers, with particular emphasis on Housing ACT, and mental health early intervention and support services provided by ACT Health and non-Government providers forms the basis of a number of the report's recommendations.

It should be noted Mr Speaker that while housing and accommodation providers can play a key role in forming a network of early identification and other support mechanisms for people experiencing mental illness, the primary need is for clinical service provision and that remains the responsibility of Mental Health ACT.

These recommendations are consistent with the *The Canberra Plan, Breaking the Cycle – the ACT Homelessness Strategy* and the *Mental Health ACT Strategy and Action Plan* and the ACT Government's response provides evidence of achievements in realising their key objectives.

The Government is particularly concerned about easing housing stress for medium and low income households so that all members of our community, irrespective of their income or personal circumstances, can access affordable, appropriate housing.

It is for this reason that the Government introduced its Affordable Housing Action Plan on 12 April 2007 and signalled that the provision affordable housing will be a priority for the Government over the coming years.

The Affordable Housing Action Plan is designed to help Canberrans at all points on the accommodation spectrum, from home-buyers and private renters to those in public and community housing. Key initiatives in the plan include:

- increasing the supply of affordable land to the market;
- regular englobo land sales;

- over-the-counter sales of affordable housing blocks;
- streamlining land release and planning approval systems;
- providing new house and land packages priced between \$200,000 and \$300,000;
- a major expansion of community housing that will deliver an additional 480 affordable dwellings over five years;
- making more effective and targeted use of public housing;
- an initiative through institutional investors to increase the supply of private rental dwellings by 200- 400 homes in the first instance;
- ensuring the supply of sufficient land to meet the increasing demand for aged accommodation;
- land rent and shared equity schemes, including for public and community housing tenants; and
- targeted stamp duty concessions.

Mr Speaker, the ACT Government Response I am tabling today contains detailed information on the implementation of public housing reform which has delivered a more effective, timely housing response to those most in need in the community, including people with mental illness.

Housing ACT has also implemented additional measures to ensure that it remains as the post-crisis response for people who require housing assistance and that appropriate community-based support services are available to assist tenants to achieve and maintain sustainable housing outcomes.

Further strategies have been implemented by Housing ACT to assist in identifying any support requirements which may assist tenants to maintain successful tenancies. This includes a pre-allocation case conferencing mechanism, which identifies the needs of the applicant, any agencies who are providing support and assists in making appropriate allocations. Mental health agencies are regularly involved in case conferences.

As Housing Minister, I can confirm Housing ACT's commitment to continue working with mental health and other relevant support services to ensure people have the supports to enable them to live and contribute positively within the community.

While acknowledging the work of the Committee and its recommendations for improving mental health support to people living with mental illness, the Government disagrees with the report's statement that Mental Health ACT services rate poorly against other jurisdictions in Australia.

The National Mental Health Report 2005 outlines the following statistics in relation to the ACT:

- 3<sup>rd</sup> highest jurisdiction in per capita spending on mental health, which is above the national average and represents the second highest positive percentage change in mental health investment over 10 years;
- Highest achieving jurisdiction in clinical staff employed in ambulatory care, and well above the national average;
- Highest number of beds in staffed community residential facilities per 100,000 population and more than twice the national average;
- Second highest percentage of mental health services completing external reviews against the National Standards for Mental Health Services, a figure 30% higher than the national average;
- Highest per capita spending on community mental health services (25% higher than national average);
- Second highest investment in non-government organisations (0.1% behind Victoria) and almost twice the national average;
- Second highest number of supported public housing places per capita; and
- Highest number of consumer consultants employed per 1,000 FTE clinical staff

The statistics above indicate that the ACT has a comparatively well resourced, community based mental health system in comparison with other Australian jurisdictions. The ACT Government has prioritised community based care in line with the nationally agreed priority outlined in the National Mental Health Strategy. This is reflected in the significantly higher number of community supported accommodation beds in the ACT compared to other jurisdictions and the national average.

During 2006-2007 the ACT Government, along with all other jurisdictions, signed the Council Of Australian Governments National Action Plan on Mental Health 2006 - 2011 (the National Action Plan). The National Action Plan brings Commonwealth and State/Territory Governments together to better coordinate service provision for people with mental illness.

The National Action Plan also commits the ACT and Commonwealth Governments to increasing the resources in the Mental Health ACT sector during the next five years. Coordinated care, to ensure clinical support and community supports such as housing employment and education are brought together to sustain recovery for mental health consumers, is an important focus of the National Action Plan. ACT Health is working with other agencies to develop a model and process for coordinated care in the ACT.

The ACT Government's implementation of the ACT National Action Plan initiatives has bought forward implementation of some of the Actions under the *Mental Health ACT Strategy and Action Plan 2003-2008*. Subsequently, in its 2006-2007 and 2007-2008 Budgets, ACT Government has committed an additional \$ 33.4 million to mental health for the period to 2011.

Spending on mental health in the ACT has progressively increased under the current government, from \$27.4 million in 2001-2002, to \$55.2 million in 2007-2008, an increase of 109%.

This additional funding has enhanced the ACT's service responses. Following an open tender process, Centacare was awarded the contract for a 24-hour step-up/step-down supported accommodation service for five young people in July 2007. Funding was provided in the 2007-08 Budget for a similar service for adults. An open tender process is being finalised for the provision of an adult step-up/step-down service, which will also provide five places, with services expected to be operational in 2007-2008.

Additional ACT Government funding will also enhance Promotion, Prevention and Early Intervention programs, focus on workforce recruitment, training and retention strategies, including mental health community sector development through the Mental Health Community Coalition, and expanded perinatal and infant mental health services.

The ACT Government has also publicly stated its aim to work towards increasing the mental health budget to 12% of the overall Health budget by 2012, in line with the expenditure of leading OECD countries on mental health.

The ACT Government has also provided funding for additional public housing capital. The 2006-2007 Budget committed \$10 million per annum over three years and an additional \$4.3 million was provided in the 2007-2008 ACT Budget for capital purchase.

The *Affordable Housing Action Plan 2007* also involves a multimillion-dollar investment in the not-for-profit community housing sector by enhancing its capacity to deliver innovative affordable housing solutions. Specifically, the Government has targeted Canberra's main provider of community housing — Community Housing Canberra (CHC) — to undergo a major expansion, delivering an additional 500 affordable dwellings over five years and more than 1100 over the next decade. Community Housing Canberra will keep around 250 of these extra properties for rent over five years, increasing to 470 over the decade.

Expansion of the sector through CHC will also be assisted through:

- the injection of a \$40 million equity through title transfers to Community Housing Canberra;
- provision of a revolving \$50 million loan facility and a \$3.2 million capital subsidy over three years to CHC; and

the transfer of 135 properties to CHC from the Department of Disability, Housing and Community Services.

The ACT Government continues to prioritise supported accommodation options and is working with all stakeholders to progress this and other priorities of mental health reform through the development of the Mental Health ACT Services Plan.

In conclusion, Mr Speaker, I table the ACT Government Response to Standing Committee on Health and Disability Report No 4 *Appropriate Housing for People Living with Mental Illness* and commend the Government's commitment to increasing affordable housing through the *Affordable Housing Action Plan* and the broad reaching reform of both housing and mental health services in improving responses to people with mental illness.

ENDS

2007

The Legislative Assembly for the  
Australian Capital Territory

Government Response to the  
Standing Committee on Community Health and Disability  
Report No 4

APPROPRIATE HOUSING FOR PEOPLE LIVING WITH A  
MENTAL ILLNESS

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John Hargreaves MLA  
Minister for Housing

## INTRODUCTION

The Standing Committee of Disability and Community Services resolved on 9 March 2005, to inquire into, and report on, the current levels of safe, secure and affordable housing for people with mental illness, with particular reference to:

- a) the flexibility of criteria in gaining access to public housing;
- b) support mechanisms for people who currently live in public housing;
- c) opportunities to involve non-Government stakeholders in the provision of appropriate housing;
- d) the feasibility of alternate support-based housing models; and
- e) any other matter.

The Standing Committee produced Report No 4 *Appropriate Housing for People Living with a Mental Illness*, which was tabled in the Legislative Assembly on 7 June 2007. This Government response deals with the Standing Committee's recommendations as contained in this report.

The ACT Government provided information to the Standing Committee through representations from, Mr John Hargreaves MLA, Minister for Housing and Ms Katy Gallagher MLA, Minister for Health, Minister for Disability and Community Services and Minister for Women. Public hearings were also held with representatives from the Department of Disability, Housing and Community Services (DHCS), ACT Health, and the Department of Justice and Community Safety, including representatives from the Office of the Community Advocate and the former Human Rights Office (now the Human Rights Commission).

An ACT Government Submission was provided to the Standing Committee in July 2005.

A table containing the recommendations and the Government's position is at Appendix 1.

## **EXECUTIVE SUMMARY**

The ACT Government welcomes the Committee's report, which seeks to highlight the positive aspects of the current system of treatment and support for people with a mental illness, as well as areas for improvement.

The report identifies three classifications of people with mental illness; those who manage their condition and accommodation without formal assistance; those who require ongoing institutional care; and those who can live and work within the community with the appropriate support mechanisms.

It is also important to recognise children and young people who may have mental illness or an intellectual disability, or be living with parents that have mental illness, as particularly vulnerable community members whose needs should be considered under the recommendations of the Standing Committee.

The report acknowledges that those who do not require formal support to live and manage within the community are the majority of people with mental illness, although their lives would benefit from more readily available community-based supports. The report however, focuses on people who are able to live and work, with proper support, in the community, but are unable to obtain accommodation either through the social or private housing markets or via home ownership.

The report identifies that, for these people, finding suitable accommodation and, equally as important, receiving the support necessary to maintain housing stability, becomes a critical component of managing their mental illness. Accommodation, therefore, is considered by the Standing Committee to be one of a suite of individualised support services which should work together to assist people with mental illness – and their carers – to maintain their individual well-being and live, contribute and participate fully within their community.

The importance of integrated and collaborative service responses is recognised by the Standing Committee. The need for close working relationships between accommodation providers, with particular emphasis on Housing ACT, and mental health early intervention and support services provided by ACT Health and non-Government providers, forms the basis of a number of the report's recommendations.

It should be noted however, that while housing and accommodation providers can play a key role in forming a network of early identification and other support mechanisms for people experiencing mental illness, clinical service provision remains the responsibility of Mental Health ACT.

The ACT Government is committed to the delivery of effective and efficient service responses as articulated under *The Canberra Plan, Breaking the Cycle – the ACT Homelessness Strategy* and the *Mental Health ACT Strategy and Action Plan*. The ACT Government's response to the report's recommendations is consistent with the strategic direction of each of these policy frameworks and provides evidence of achievements in realising their key objectives.

The ACT Government is particularly concerned about easing housing stress for medium and low income households so that all members of our community, irrespective of their income or personal circumstances, can access affordable, appropriate housing.

It is for this reason that the ACT Government introduced its Affordable Housing Action Plan on 12 April 2007, and signalled that the provision affordable housing will be a priority for the ACT Government over the coming years.

The Affordable Housing Action Plan is designed to help Canberrans at all points on the accommodation spectrum, from home-buyers and private renters to those in public and community housing. Key initiatives in the plan include:

- increasing the supply of affordable land to the market;
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- making more effective and targeted use of public housing;

- an initiative through institutional investors to increase the supply of private rental dwellings by 200- 400 homes in the first instance;
- ensuring the supply of sufficient land to meet the increasing demand for aged accommodation;
- land rent and shared equity schemes, including for public and community housing tenants; and
- targeted stamp duty concessions.

There is increasing effort to strengthen the working relationship between Housing ACT and Mental Health ACT. This is driven by the understanding that security of accommodation is one of the social support issues contributing to recovery and maintenance of well-being for people who have experienced mental illness.

From July 2006, a Joint Services meeting was established between the two agencies to address the overall working relationship, referral and assessment processes, and the roles and responsibilities in the joint provision of services to a consumer. The meetings are held every 4 months and hosted alternately by each agency.

A signed protocol has been developed between the two agencies and incorporated into the new Service Level Agreement between ACT Health and DHCS. Features of the Agreement include:

- Revised responsibilities, processes and procedures for each agency;
- Joint care responsibilities, including the coordination and ongoing monitoring of care; and
- Improved communication strategies, including both management and regional levels of liaison, dispute resolution mechanisms, cooperative referral and support processes, and the development and monitoring of joint client plans.

Through their Joint Services Meeting, Mental Health ACT and Housing ACT have engaged in reciprocal training opportunities to increase the capacity of frontline staff in both agencies. Mental health has also been identified as a priority for consideration in the allocation of housing tenancies and Mental Health ACT now contributes to this

process. Special provisions for rent reduction have also been implemented to support consumers who are admitted to inpatient facilities for treatment.

Considerable reform has been implemented to public housing to ensure it is targeted to those most in need in the ACT community, following the introduction of the new Public Rental Housing Assistance Programme (PRHAP) in July 2006.

These reforms commenced from 1 October 2006, and included a reduction in the qualifying income criteria, a tightening of the ACT residency requirements, and major changes to the priority allocation system, moving to a needs based allocation system which recognises complex needs in the assessment and allocation processes.

Complex needs will include: homelessness; mental health or medical issues; disability, including frail-aged; women and children escaping domestic violence; Indigenous people facing complex issues; and children at risk, including their parents and carers.

Priority housing status may be granted to an applicant who has a range of complex needs. This qualifies people for immediate housing assistance.

No more than 150 applicants will be placed in this category at any one time and to date the number has not exceeded 50 applicants at any one time.

Applicants are to be allocated assistance from this category on a needs basis rather than a chronological basis and to date all applicants in this category have been housed within three months.

This work has been supported by the establishment of a multi-disciplinary panel from across ACT Government and the community sector, which draws together experts from across relevant portfolios to assist in determining the comparative need of applicants and making appropriate property allocation.

Housing ACT has also implemented additional measures to ensure that it remains as the post-crisis response for people who require housing assistance and that appropriate community-based support services are available to assist tenants to achieve and maintain sustainable housing outcomes.

An example of this is the Pre-allocation case conferencing mechanism, which identifies the needs of the applicant, any agencies who are providing support and assists in making appropriate allocations. Mental health agencies are regularly involved in the case conferences.

These new measures complement the role and function of Housing ACT's three Client Support Coordinators (CSC). The role of the CSC is to identify and assist tenants to access appropriate supports and to provide a mentoring and coaching role to Housing Managers to improve their skills in identifying and responding to the range of client issues.

Reforms to the public housing allocation system have resulted in significantly reduced waiting times for those most in need and an improved understanding of and response to the issues they may face, such as mental illness. In June 2007, the average waiting time for Priority Housing applicants reduced from 9-12 months to 51 days and the number of people on the waiting list for public housing was 1203.

By way of comparison, there were almost 2,500 applicants on the public housing waiting list in June 2006 and over 3,000 in June 2005 and applicants in the top priority category waited up to 12-months to be housed.

The new priority categories and reduced waiting list reflect actual demand for housing and this will enable the ACT Government to accommodate people in public housing that are most in need. Improved targeting will enable Housing ACT to continue to work with appropriate community and mental health services, to ensure people have the supports to enable them to live and contribute positively within the community.

While acknowledging the work of the Committee and its recommendations for improving mental health support to people living with mental illness, the Government disagrees with the report's statement that Mental Health ACT services rate poorly against other jurisdictions in Australia.

The National Mental Health Report 2005 outlines the following statistics in relation to the ACT:

- Third highest jurisdiction in per capita spending on mental health, which is above the national average and represents the second highest positive percentage change in mental health investment over 10 years;

- Highest achieving jurisdiction in clinical staff employed in ambulatory care, and well above the national average;
- Highest number of beds in staffed community residential facilities per 100,000 population and more than twice the national average;
- Second highest percentage of mental health services completing external reviews against the National Standards for Mental Health Services, a figure 30% higher than the national average;
- Highest per capita spending on community mental health services (25% higher than national average);
- Second highest investment in non-government organisations (0.1% behind Victoria) and almost twice the national average;
- Second highest number of supported public housing places per capita; and
- Highest number of consumer consultants employed per 1,000 FTE clinical staff.

The statistics above indicate that the ACT has a comparatively well resourced, community based mental health system in comparison with other Australian jurisdictions. The ACT Government has prioritised community based care in line with the nationally agreed priority outlined in the National Mental Health Strategy. This is reflected in the significantly higher number of community supported accommodation beds in the ACT compared to other jurisdictions and the national average.

The ACT Government has also publicly stated its aim to work towards increasing the mental health budget to 12% of the overall Health budget by 2012, in line with the expenditure of leading OECD countries on mental health.

The ACT Government continues to prioritise supported accommodation options and is working with all stakeholders to progress this and other priorities of mental health reform through the development of the Mental Health ACT Services Plan.

During 2006-2007 the ACT Government, along with all other jurisdictions, signed the Council Of Australian Governments National Action Plan on Mental Health 2006 - 2011 (the National Action Plan). The National Action Plan brings Commonwealth and State/Territory Governments together to better coordinate service provision for people with mental illness.

The National Action Plan also commits the ACT and Commonwealth Governments to increasing the resources in the Mental Health ACT sector during the next 5 years.

Coordinated care, to ensure clinical support and community supports such as housing employment and education are brought together to sustain recovery for mental health consumers, is an important focus of the National Action Plan. ACT Health is working with other agencies to develop a model and process for improved coordination of care in the ACT.

The ACT Government's implementation of the ACT National Action Plan initiatives has bought forward implementation of some of the Actions under the Mental Health ACT Strategy and Action Plan 2003-2008. Subsequently, in its 2006-2007 and 2007-2008 Budgets, the ACT Government has committed an additional \$ 33.4 million to mental health for the period to 2011.

Spending on mental health in the ACT has progressively increased under the current government, from \$27.4 million in 2001-2002, to \$55.2 million in 2007-2008, an increase of 109%.

This additional funding has enhanced the ACT's service responses. Following an open tender process, Centacare was awarded the contract for a 24-hour step-up/step-down supported accommodation service for five young people in July 2007. Funding was provided in the 2007-08 Budget for a similar adult service. An open tender process is being finalised for the provision of the adult step-up/step-down service, which will also provide five places, with services expected to be operational in 2007-2008.

Additional ACT Government funding will also enhance Promotion, Prevention and Early Intervention programs, focus on workforce recruitment, training and retention strategies, including mental health community sector development through the Mental Health Community Coalition, and expanded perinatal, infant and adult mental health services.

In August 2006 the Minister for Health launched the Review of the *Mental Health (Treatment and Care) Act 1994* with the release of the Review Discussion Paper. The Review has progressed and the second stage of the Review will start shortly with the release of the Review Options Paper and consultation process. Additionally ACT Health has progressed the development of the Mental Health Services Plan and in 2007-08 will contract the design of the replacement adult mental health inpatient unit and the secure mental health facility.

Mental health reforms and service enhancements, including new COAG mental health initiatives, such as PhaMS (Personal Helpers and Mentors) and Care Coordination, aim to ensure that social supports are in place alongside clinical treatment and improve social, housing and mental health outcomes. There are now two PhaMS programs operating in the ACT.

## **RECOMMENDATIONS OF THE INQUIRY**

The Government agrees to six of the Standing Committee's 15 recommendations. Three recommendations are agreed to in principle and six recommendations have been noted. No recommendations are disagreed with.

While the report refers to the needs of children and young people within the overall recommendations concerning people with a disability, the report does not focus on the specific needs of children and young people.

The needs of this vulnerable group of community members is specific to their age and development. This is of particular relevance for children and young people with both a mental health and intellectual disability or children and young people with mental health issues involved with child protection and/or criminal justice systems. There is also a need to ensure the specific needs of children and young people living with someone affected by mental illness are considered when addressing access to suitable housing and appropriate supports for maintaining stable housing.

## **Recommendation 1**

***1.4 The committee recommends that ACT Health and Treasury investigate strategies that could help to alleviate the financial burden placed on families who are supporting family members with a serious mental health illness.***

Noted.

The ACT Government currently funds a range of accommodation and support services which assist with the financial burden for families, such as CARE Financial Counselling Service and the Financial and Material Aid Program, which provides immediate financial or material assistance to alleviate the effects of poverty. The ACT Government also funds a range of concessions for low-income earners. However, many factors that impact on the financial burden of families where a member has mental illness are outside the ambit of the ACT Government.

The ACT Government also provides an annual Carers Recognition Grants Program to enhance the recognition and support of ACT carers. Carers may also include children and young people who are caring for a parent with mental illness.

A draft Poverty Impact Analysis tool is being used by the Debt Management Inter Departmental Committee (IDC) that has been convened to review debt management procedures utilised by ACT Government agencies, and by the consultants conducting the review of the ACT Homelessness Strategy. This tool assesses the poverty impact of policies implemented by the ACT Government.

## **Recommendation 2**

***1.21 The Committee recommends that Housing ACT work closely with ACT Health to develop strategies to enable Housing ACT staff to recognise and refer clients with a mental illness, at an early stage, before a crisis occurs, wherever possible.***

Agreed.

It is noted that people who are experiencing or have a history of mental illness have a right to keep this information private unless there is an overriding risk issue present. Balancing this factor, the *ACT Health Records (Access and Privacy) ACT* has recently been amended to provide people, including carers and family with a significant support

role, with access to information regarding a person's treatment and care. ACT Health has measures underway to publicise these changes.

A Joint Services meeting of Housing ACT and Mental Health ACT, with senior staff representation, is now improving the process for addressing issues such as communication between the agencies regarding mental health consumers at risk, or at risk of losing their tenancy, while paying due consideration to privacy legislation and ensuring that there is informed consent to share client information.

Through the Council of Australian Governments (COAG) National Action Plan for Mental Health 2006 - 2011, the ACT COAG Mental Health Group, an across agency group including DHCS and ACT Health is overseeing the development of the Care Coordination model for people with mental illness in the ACT. This is a collaborative service model that will help to ensure the social supports important for people to recover and maintain good mental health and well being, including appropriate and stable housing, are provided in a coordinated way with clinical services.

Strategies have been implemented by Housing ACT to assist in identifying any support requirements which may assist tenants to maintain successful tenancies. This includes a pre-allocation case conferencing mechanism, which identifies the needs of the applicant, any agencies who are providing support and assists in making appropriate allocations. Mental health agencies are regularly involved in these case conferences.

Outreach services have also been established to provide flexible and increased access to Housing ACT Gateway Services for applicants. These services are made available at a range of community locations, including Supported Accommodation Assistance Program (SAAP) services and other community service providers and have been implemented to provide additional assistance and support for clients on the waiting list who have complex needs including mental health issues.

Housing ACT provides a range of staff training and development activities which aim to improve understanding of the issues facing Housing ACT tenants, including Mental Health First Aid Training. Client Support Coordinator's are available to every tenancy team to assist in identifying client needs and facilitating specialist external supports.

Mechanisms have been established to improve interaction and collaboration between Housing ACT and the Office for Children, Youth and Family Support (OCYFS). These

include a bi-monthly operational meeting to identify and resolve issues and the pursuit of joint training opportunities to improve understanding and skills across OCYFS and Housing ACT staff. This will be particularly useful in identifying appropriate mental health and/or community support services that may be able to provide support to children with mental illness or an intellectual disability, or who are living with parents affected by mental illness.

Actions implemented by Housing ACT to date will be examined for their compliance with relevant legislation, with the assistance of the ACT Government Solicitor's Office, in relation to Recommendations 9 and 11.

### **Recommendation 3**

***2.34 The Committee recommends that Housing ACT investigate alternative models of community housing, such as that provided by Supported Housing Ltd, Victoria, that can support people with special needs in a variety of housing options.***

Noted.

Housing ACT already supports a range of innovative housing models through the provision of head-leased properties and is committed to establishing innovative and flexible housing solutions for people with a range of support requirements. Centacare's LINC project, which supports people with a disability, or the partnership between Richmond Fellowship and Havelock Housing Association, are successful community housing models that support people with complex needs to gain and maintain stable housing within the community.

However, models of supportive housing can span public housing, as well as community housing. Housing ACT, in consultation with Mental Health ACT, is also currently examining options where intensive support can be provided to residents of public housing. This gives consumers greater choice.

The *Affordable Housing Action Plan 2007* also involves a multimillion-dollar investment in the not-for-profit community housing sector by enhancing its capacity to deliver innovative affordable housing solutions. Specifically, the Government has targeted Canberra's main provider of community housing — Community Housing Canberra (CHC) — to undergo a major expansion, delivering an additional 500

affordable dwellings over five years and more than 1100 over the next decade. Community Housing Canberra will keep around 250 of these extra properties for rent over five years, increasing to 470 over the decade.

Expansion of the sector through CHC will also be assisted through:

- the injection of a \$40 million equity through title transfers to CHC;
- provision of a revolving \$50 million loan facility and a \$3.2 million capital subsidy over three years to CHC; and
- the transfer of 135 properties to CHC from DHCS.

#### **Recommendation 4**

*3.21 The Committee recommends that Housing ACT develop a strategy to ensure that workers in community organisations assisting those with a mental health illness have an awareness and understanding of all Housing ACT policies in relation to mental health issues.*

#### **Agreed**

Housing ACT conducts a quarterly information forum for all community service providers to exchange information and provide updates on changes in policy and practice. Housing ACT will provide opportunities for joint training. All Housing ACT policies are available on the DHCS website ([www.dhcs.act.gov.au/hcs](http://www.dhcs.act.gov.au/hcs)).

#### **Recommendation 5**

*3.45 The Committee recommends that discharge planning from acute care facilities be reviewed by Mental Health ACT to ensure that patients are discharged with a responsible person in the community being advised of the release and accepting responsibility for the patient; provision for accommodation of the patient being made; and the relevant community health centre being advised.*

#### **Agreed in principle.**

Individual support networks and needs differ, requiring a choice of discharge supports and a range from high level to minimal support. Confidentiality concerns and consumer

rights may also impact on the involvement of agencies and individuals in the support of a consumer following discharge.

Wherever possible, Mental Health ACT ensures third party support, and in the absence of this availability, provides support as appropriate. It should be noted that at times, consumers do not accept support. Consequently, while due care should be exercised, flexibility and choice need to be built in to the recommendation for a person to be discharged into the care of someone “willing to accept responsibility” for the patient, or the community health centre being advised.

Mental Health ACT has recently reviewed its discharge planning process. As a result of this review, the medical and nursing discharge summaries have been amended to better provide for consumer safety after discharge, and ensure better community support.

Mental Health ACT has also been working closely with the ACT Division of General Practice to facilitate better communication and referral pathways between Mental Health ACT and General Practitioners and other community supports. The discharge planning review process is continuing with a review of the discharge planner role in the Psychiatric Services Unit. Care received immediately prior and post inpatient care will be subject to ongoing review, particularly in relation to the collaboration between specialist community teams, the inpatient units, non-government community agencies, GPs and the step-up/step-down services funded in the 2007-2008 budget.

### **Recommendation 6**

***3.46 The Committee recommends that, wherever possible, people with a mental illness are not released from acute care facilities after 3.00pm on Friday afternoons or over the weekend due to the difficulty of arranging support staff, through community organisations, at such a late stage in the working week.***

Agreed in principle where the coordination with community support is required.

Recommendation 6 should be read in conjunction with Recommendation 5, to ensure that the enactment of Recommendation 6 does not preclude release of people from acute care if they no longer need, or possibly want, to be there. Undesirable consequences would include possible infringement of the liberty of patients contrary to subsection 18(1) of the *Human Rights Act 2004* (ACT):

Every one has the right to liberty and security of person. In particular, no-one may be arbitrarily arrested or detained.

The *Mental Health (Treatment and Care) Act 1994* is currently under review, but presently section 47 requires a health facility to release a person if a doctor, the Chief psychiatrist or the Mental Health Tribunal has made an order for release on the basis that involuntary detention is no longer required. A person may change their status to that of a voluntary patient in order to stay at the facility, but there could also be other undesirable ramifications, such as other persons urgently requiring care being unable to secure a bed in acute care.

Mental Health ACT makes every effort to discharge consumers as appropriate to their mental health needs, including the availability of appropriate support in the community. Due to the diversity of need and support required by individuals, discharge on Friday afternoons or weekends may well be the most appropriate time, particularly in consideration of family availability out of work hours. ACT Health supports ensuring appropriate community support is available for consumers being discharged from inpatient facilities, but would find it inappropriate to restrict evening or weekend discharge for some clients. If release over the weekend is not permitted, in some cases this may be unlawful and contrary to human rights obligations.

Where pressure for beds may lead to the requirement for a person to be discharged at a time that is not ideal, support from the 24 hour Mental Health Crisis Team will be considered, as well as any other measures to ensure adequate safety and follow-up.

### **Recommendation 7**

***3.54 The Committee recommends that step-up and step-down facilities be included in the ACT's forthcoming Mental Health Services Plan and that they be established as a matter of urgency.***

Agreed.

The ACT Government has already allocated funding \$800,000 respectively for the provision of 24-hour step-up/step-down support for both young people (5 places) and adults (5 places). Centacare has been engaged to provide the youth facility, and a Request for Tender is currently being developed for the adult facility.

## **Recommendation 8**

***3.59 The Committee recommends that all relevant government agencies ensure that details of their full range of services and relevant contacts are available to the community in a readily accessible form.***

Agreed.

The Department of Disability, Housing and Community Services provides funding to the Citizen's Advice Bureau (CAB) to provide a shopfront information and referral service, an online database and produce the CONTACT Handbook. CONTACT is a directory of all community services in the ACT and is widely used throughout the ACT by both community and government agencies. CAB also manages 'All Communities Online' (ACO). The ACO website allows community organisations to have a low cost web presence, and to promote their scheduled events and meetings.

The ACT Government supports a number of telephone information and support services, including Parentline, Healthline and Lifeline. The Department of Disability, Housing and Community Services also provided funding to ACTCOSS in 2005-06 to produce a guide to the ACT's SAAP services, which included details about each SAAP-funded agency and the range of services available to people experiencing homelessness.

*The Big Red Book* is a handbook and directory for people who work with young people developed by the Youth Coalition of the ACT, with the support of DHCS. It has been designed for use by a range of professionals who may have contact with young people including youth workers, general practitioners and teachers. In addition to providing service profiles, this handbook also provides strategy-based information for workers, key service contact and other helpful resources, including information on mental health and accommodation services for young people.

Housing ACT conducts a quarterly information forum for all community service providers to exchange information and provide updates on changes in policy and practice. A Housing ACT Contact list is being developed for distribution to community organisations. All Housing ACT policies are available on the DHCS website ([www.dhcs.act.gov.au/hcs](http://www.dhcs.act.gov.au/hcs)).

Mental Health ACT participates in quarterly forums and publications on accessing services. Information on services is also available on the ACT Health website ([www.health.act.gov.au](http://www.health.act.gov.au)).

### **Recommendation 9**

***3.68 The Committee recommends that the ACT Human Rights Office clarify the position of individuals such as Housing ACT managers or community housing workers who wish to seek medical help for a person but do not have that person's consent to do so.***

Noted.

The interplay between the *Privacy ACT 1988* (Cwlth); the *Mental Health (Treatment and Care) Act 1994* (ACT) and the *Residential Tenancies Act 1997* (ACT) do not support interventions unless the individual presents as a safety risk to themselves or the broader community.

Section 10(2) of the *Human Rights Act (ACT 2004)* provides that 'no-one may be subjected to medical ... treatment without his or her free consent.' If there are questions concerning risk to a person's health or safety as a result of the impact of a person's mental illness on their judgement or their ability to do what is necessary for their own health or safety, then there is the possibility of obtaining mental health orders under section 14 of the *Mental Health (Treatment and Care) Act 1984*.

There is a range of potential common law and statutory liabilities (including possible tortious wrongs, privacy and health records) that have to be considered in resolution of this recommendation. It is not the role of the Human Rights Commission (formerly the Human Rights Office) to provide this clarification on these issues and Housing ACT will seek advice from the GSO to progress this recommendation.

### **Recommendation 10**

***3.69 The Committee recommends that the government investigate ways to facilitate an amenable living environment for clients with a mental illness and their neighbours, who may be affected during an episode of poor mental health.***

Agreed.

Where a person or family has specific and or complex support requirements to enable them to live within the community, Housing ACT seeks to identify an appropriate community service provider to assume head lease of the property and undertake a supportive tenancy management arrangement.

This approach has delivered some innovative community development responses to the management of neighborhood complaints which may arise when a person has a mental health crisis. This involves talking to the neighbours of the head leased property, with consent from the client, about the issues facing the tenant and/or their family and providing neighbours with information about what to do and who to contact in the event of a crisis.

Brokerage funding can be used flexibly in these cases and has on occasion been used to provide respite to neighbours in the event of a particularly prolonged period of crisis.

Housing ACT will work with all community service providers who head lease properties under the CORHAP to support them to identify and respond to neighborhood issues arising from their support of people within the community.

Housing ACT, in consultation with Mental Health ACT, will review its policy on Managing Disruptive Neighbours, which was introduced in 2005-2006, to ensure that appropriate sensitivity is shown where complaints may be the result of living next door to people with mental illness.

Mental Health ACT is involved as appropriate where there is a concern that a disruption may be linked to mental illness (whether the situation involves public or private housing).

### **Recommendation 11**

***3.68 The Committee recommends, following clarification from the Human Rights Office, that the Minister for Health and the Minister for Housing work to ensure that the position of Housing ACT staff is clearly outlined in a specific policy addressing this issue and that appropriate training is developed and provided to all relevant housing staff, both in Housing ACT and in the community sector.***

Noted.

If required, relevant policies will be developed with the assistance of the Government Solicitor's Office in relation to Recommendation 9. Implementation of any new or revised policies will be supported by the provision of joint training for Housing ACT, Mental Health ACT and community service providers.

### **Recommendation 12**

***3.77 The Committee recommends that an audit of all non-government mental health services be conducted, to determine the number of services and types of services provided, to reduce duplication of services and to maximise quality service delivery outcomes to people with mental health issues.***

Noted.

The value of such an audit would need to be carefully considered. In developing the 2007-2010 funding agreements for mental health community agencies, services were reviewed in the context of the *Mental Health ACT Strategy and Action Plan, 2003- 2008*, and considered to be sufficient for the time. Further expansion of the community mental health sector is envisaged in the development of the draft Mental Health Services Plan, while the quality of community agency service provision will be the focus of funding provided to the Mental Health Community Coalition in the 2007- 2008 ACT Budget.

In the last 12 months, ACT Health has supported the development of a sector development plan for community mental health agencies, by the Mental Health Community Coalition of the ACT (MHCC). The MHCC was provided with funding in the 2006-2007 budget to develop the Plan, with additional funding allocated in the 2007-2008 budget to support the implementation of the Plan, which includes measures to improve the outcome focus of community agencies. Via this process and through the development of the Mental Health ACT Services Plan, ACT Health is committed to supporting efficient and integrated community mental health support services.

The Council of Australian Governments (COAG) National Action Plan for Mental Health 2006-2011, includes local implementation of a number of national initiatives such as the Personal Helpers and Mentors Program, and involves Australian Government departments in funding programs at the local level. This has led to some potential for service duplication especially in early stages of implementing the national

plan. However monitoring by an implementation group with representation from the local and national level, and reporting protocols for the plan are addressing this concern.

### **Recommendation 13**

*3.86 The Committee recommends that Housing ACT examine the ratio of specialist housing managers to clientele to ensure the right balance is met, and assesses this need on a periodic basis.*

Noted.

An examination of the role and number of Client Support Coordinators (CSC) positions was recently undertaken as part of the reorganisation of tenancy services. One CSC per tenancy region was found to be an adequate number.

Housing ACT is a post-crisis housing response and as such works closely with a range of community agencies to identify the support requirements of tenants at both the allocation and assessment stages and to provide ongoing support to assist people to maintain their tenancy and live independently in the community. Initiatives such as the pre-allocation case conference assist in the identification of client need and to enlist appropriate support agencies.

Housing ACT currently employs three CSC within the tenancy team. The role of the CSC is to coordinate support to clients with complex needs. The Housing Manager remains the primary contact person for all tenants in regard to tenancy issues.

Housing ACT continues to provide a range of training courses to equip staff with the skills to assist clients, identify needs and refer clients to appropriate external specialist services. The role of the CSC and Team Leader is to work alongside staff, and to coach and mentor staff in assisting clients with complex needs.

The Housing Manager duty statement has recently been revised to capture skills, knowledge and experience that staff require to work with clients with complex needs.

## **Recommendation 14**

***3.106 The Committee recommends that Mental Health ACT develop a 'half-way house' either as a single campus or as specific units in the community in which forensic mental health patients can be supported in making the transition from incarceration to living in the community.***

### **Agreed in Principle**

Forensic Mental Health clients placed in secure care are not considered to be incarcerated, which is a term used for prisoners in the corrections system. However the ACT Government agrees in principle with the half-way house concept, although would require such services to cater for adults in a separate service arrangement to young people. Support services already exist in the community sector for parolees transitioning to the community, and although these services are not mental health specific, they do provide services for people with mental illness.

Mental Health ACT provides a range of forensic mental health services that aim to support consumers who are involved or have the potential to come into contact with the justice sector. These services provide community outreach and consultation/liaison services and are involved in parole planning as appropriate to a consumer's need.

The need for such a service for children and young people remains, although the number of children and young people with these specific needs would be considerably smaller. Research into the needs of children and young people transitioning from detention is being undertaken by Government, in conjunction with the Institute of Child Protection Studies, Australian Catholic University.

Forensic mental health issues are an important focus of the current review of the *Mental Health (Treatment and Care) Act 1994*. This review incorporates an extensive community consultation process. Forensic mental health issues are also under consideration as part of the development of the new Mental Health Services Plan for the ACT, which also includes extensive community consultation.

## **Recommendation 15**

*3.112 The Committee recommends that the government ensures that there is a range of accommodation models to provide for the diversity of clients with a mental illness in the ACT.*

Agreed.

There are a range of SAAP-funded accommodation services for people experiencing homelessness, including services targeted at single men and women, women and children escaping domestic violence, families, including single fathers and their children, young people and women who are pregnant and/or with young children. SAAP provides the primary crisis response for people experiencing homelessness and clients may experience a range of complex issues, including mental illness.

While it is the expectation that SAAP services are equipped to support clients with multiple and complex support requirements, SAAP is not in and of itself, a mental health accommodation response.

Housing ACT currently provides houses to support a range of accommodation models to meet the needs of people with mental illness across the ACT. This includes the allocation of properties through the Community Organisations Rental Housing Assistance Program (CORHAP) for intensive support programs such as mental health supported accommodation. Properties are also made available via public and community housing, in which people are able to live independently in the community with appropriate external supports.

The Government acknowledges that the housing needs of children and young people are not necessarily the same as the housing needs of adults. Children and young people who develop mental illness, or whose parents have a mental illness, may be at risk of homelessness, housing instability or poor social outcomes without appropriate housing and support. DHCS recently commissioned research from the Institute of Child Protection Studies, Australian Catholic University to examine children's experiences of homelessness to inform policy and practice and improve service responses and outcomes for children and families across its service portfolios, including Housing ACT, homelessness services and the Office of Children Youth & Family Support.

DHCS will work with SAAP and other services to implement responses to the findings of report throughout 2007-08. Responses will include the development of a 'toolkit' for service delivery staff to develop skills and consistency in engaging and supporting children and young people experiencing homelessness.

This toolkit will be based on practices adopted by the research team in engaging children in the project and will provide advice on how to talk to and support children about sensitive and complex issues, including a referral guide to mainstream and specialist children's services. The toolkit will be developed in collaboration with the Institute of Child Protection Studies and its implementation will be accompanied by a training and awareness raising program to be provided across departmental and community service agencies.

A similar focus by Housing ACT on the needs of children was outlined previously. That is, the eligibility criteria for the top category for public housing, priority housing, were amended in June 2006 to include the needs of children at risks and their carers, and children and women escaping domestic violence. To further support this focus on children, Housing ACT's application and assessment policies and processes, including the structure of the multi-disciplinary panel, will be appraised to ensure appropriate consideration is being given to the needs of children and young people in the assessment and allocation of public housing. In addition to this response, further mechanisms will be implemented, such as case conferences involving OCYFS, SAAP and Housing ACT services to identify and respond to the support needs of children who transition from homelessness into public housing

Recent initiatives established by DHCS have increased options for young people, including the establishment of a pilot project through the Supported Accommodation Assistance Program (SAAP) Innovation and Investment (I&I) Fund to provide, exit planning, transitional housing and support to five young people exiting the justice system. These young people may have mental illness.

Disability ACT has also established an Intensive Treatment and Support (ITAS) Program, in coordination with Mental Health ACT, to provide a range of support services for young people with a dual disability who are at risk of criminally offending or re-offending. Whilst not an accommodation service, ITAS focuses on increasing

consumer's independent living skills and strengthening support networks to reduce entry or re-entry to the criminal justice system.

## Appendix 1

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| <p><b><u>RECOMMENDATION 1</u></b></p> <p>The committee recommends that ACT Health and Treasury investigate strategies that could help to alleviate the financial burden placed on families who are supporting family members with a serious mental health illness.</p>  | <p>Noted</p>               |
| <p><b><u>RECOMMENDATION 2</u></b></p> <p>The Committee recommends that Housing ACT work closely with ACT Health to develop strategies to enable Housing ACT staff to recognise and refer clients with a mental illness, at an early stage, before a crisis occurs, wherever possible.</p>   | <p>Agreed</p>              |
| <p><b><u>RECOMMENDATION 3</u></b></p> <p><b>The Committee recommends that Housing ACT investigate alternative models of community housing, such as that provided by Supported Housing Ltd, Victoria, that can support people with special needs in a variety of housing options.</b></p>  | <p>Noted</p>               |
| <p><b><u>RECOMMENDATION 4</u></b></p> <p><b>The Committee recommends that Housing ACT develop a strategy to ensure that workers in community organisations assisting those with a mental health illness have an awareness and understanding of all Housing ACT policies in relation to mental health issues.</b></p>  | <p>Agreed</p>              |
| <p><b><u>RECOMMENDATION 5</u></b></p> <p>The Committee recommends that discharge planning from acute care facilities be reviewed by Mental Health ACT to ensure that patients are discharged with a responsible person in the community being advised of the release and accepting responsibility for the patient; provision for accommodation of the patient being made; and the relevant community health centre being advised.</p> | <p>Agreed in principle</p> |

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| <p><b><u>RECOMMENDATION 6</u></b></p> <p><b>The Committee recommends that, wherever possible, people with a mental illness are not released from acute care facilities after 3.00pm on Friday afternoons or over the weekend due to the difficulty of arranging support staff, through community organisations, at such a late stage in the working week.</b></p> | <p>Agreed in principle</p> |
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| <p><b><u>RECOMMENDATION 7</u></b></p> <p><b>The Committee recommends that step-up and step-down facilities be included in the ACT's forthcoming Mental Health Services Plan and that they be established as a matter of urgency.</b></p> | <p>Agreed</p> |
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| <p><b><u>RECOMMENDATION 8</u></b></p> <p>The Committee recommends that all relevant government agencies ensure that details of their full range of services and relevant contacts are available to the community in a readily accessible form.</p> | <p>Agreed</p> |
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| <p><b><u>RECOMMENDATION 9</u></b></p> <p>The Committee recommends that the ACT Human Rights Office clarify the position of individuals such as Housing ACT managers or community housing workers who wish to seek medical help for a person but do not have that person's consent to do so.</p> | <p>Noted</p> |
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| <p><b><u>RECOMMENDATION 10</u></b></p> <p>The Committee recommends that the government investigate ways to facilitate an amenable living environment for clients with a mental illness and their neighbours, who may be affected during an episode of poor mental health.</p> | <p>Agreed</p> |
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| <p><b><u>RECOMMENDATION 11</u></b></p> <p>The Committee recommends, following clarification from the Human Rights</p> | <p>Noted</p> |
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| <p>Office, that the Minister for Health and the Minister for Housing work to ensure that the position of Housing ACT staff is clearly outlined in a specific policy addressing this issue and that appropriate training is developed and provided to all relevant housing staff, both in Housing ACT and in the community sector.</p>        |                            |
| <p><b><u>RECOMMENDATION 12</u></b></p> <p>The Committee recommends that an audit of all non-government mental health services be conducted, to determine the number of services and types of services provided, to reduce duplication of services and to maximise quality service delivery outcomes to people with mental health issues.</p> | <p>Noted</p>               |
| <p><b><u>RECOMMENDATION 13</u></b></p> <p><b>The Committee recommends that Housing ACT examine the ratio of specialist housing managers to clientele to ensure the right balance is met, and assesses this need on a periodic basis.</b></p>   | <p>Noted</p>               |
| <p><b><u>RECOMMENDATION 14</u></b></p> <p>The Committee recommends that Mental Health ACT develop a ‘half-way house’ either as a single campus or as specific units in the community in which forensic mental health patients can be supported in making the transition from incarceration to living in the community.</p>                   | <p>Agreed in Principle</p> |
| <p><b><u>RECOMMENDATION 15</u></b></p> <p>The Committee recommends that the government ensures that there is a range of accommodation models to provide for the diversity of clients with a mental illness in the ACT.</p>   | <p>Agreed</p>              |