SUBMISSION TO
STANDING COMMITTEE ON HEALTH AND DISABILITY

INQUIRY INTO CURRENT LEVELS OF ACCESS TO SAFE, SECURE AND AFFORDABLE HOUSING FOR PEOPLE WITH MENTAL ILLNESS

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1. *Flexibility of criteria for gaining access to public housing*

People, particularly young people with mental illness, require a different type of public housing which is currently available in the ACT.

The current criteria, based on need, income and assets, is insufficiently flexible to provide the kind of housing needed by clients with a mental illness. It is flawed government policy which measures the needs of these clients in the same way as the general community. Mental health patients' needs are more urgent and different from others who are capable of living independently in the community, although in need of some financial assistance for housing. Those suffering from mental health problems should not have to queue with other clients. The current housing system in the ACT although completely inadequate and inappropriate for mentally ill patients should have a separate and dedicated housing policy, which caters for them on quite different criteria. It is unacceptable to place clients with their problems in areas of known drug outlets and crime. We know how many mental health patients there are in the ACT. We know how many of them are in need of basic shelter. If the current system is not to be abandoned and I suggest that it should be, then mental health clients should receive priority and, and regardless of income and assets, be allocated housing if they are in need of it. They are simply not capable of dealing with the ordinary functions of finding accommodation, paying rent or rates and other responsibilities that go with ownership or rental. Currently, urgent need, letters of support from doctors, carers, the need to remove them from danger etc are not given the attention these issues demand and mental health patients wait in the queue with every other applicant. They are special people with special needs and the current system ignores these needs.

2. Support mechanisms for people who currently live in public housing

What support?

I have seen evidence of support which consists of one short visit per week - well meaning but entirely ineffective. Effective support would be provided daily, consistently and in accordance with the client's needs. Support should include some obligation on the part of the recipient to contribute in some way to the arrangement, by completing chores, practising certain skills or training for possible suitable employment. Support workers should be properly regulated and if not paid government employees, then paid employees of community organisations which are more accountable to government, to the clients and their carers.

The kind of support should be flexible and tailored to suit the client. Some require only domestic help, understanding correspondence, transport to medical and dental appointments (made by whom?) etc. Others' needs such as acquiring acceptable social skills, hygiene training, physical exercise, vocational training and assistance with finding employment should also be met. But to achieve any worthwhile results, it must be a two-way partnership (three-way if there is a carer involved.)

4.Feasibility of alternate support-based housing models

My comments in 1 and 2 above relate only to the current model of public housing in the ACT. I suggest that people with a mental illness need an entirely different system, separate from current arrangements, formulated to address their specific needs.

These needs are:

Immediate access;

Safety;
Security; and
Support.

None of these is offered by ACT Housing. There is no need to draw your attention to the long waiting lists, even for people who have evidence of urgent need- mental illness verified by two doctors, letters of eviction and threats of violence.

Clients with mental illness are not safe or secure in the ridiculously misunderstood ***living independently in the community*** situation. They care not able to live independently in the community and it is an abandonment of our duty of care to continue pretending that this is so. They are vulnerable exploitable and lonely, subject to the most malicious manipulation of predators in the community who see the opportunity to benefit financially and otherwise in return for pretended friendship. I have evidence of burglary, trespass, theft, bullying and physical harm suffered by the person in my care and consequent lack of response by law enforcement.

In order to provide safe, secure appropriate and adequate housing for people with a mental illness, the current arrangements, inappropriate, inadequate, unsafe and insecure as they are, should be abandoned and replaced by a system similar to that provided for aged care.

The aged care facility model provides levels of accommodation and care according to the needs of the client. Those who are able to survive (it is only surviving) moderately independently with sufficient support could be accommodated in self-care units; the less able in a hostel type facility and the severely ill in a high care facility, with flexibility for moving between these levels if necessary. The purpose built complex to be adequately and professionally staffed 24 hours a day with support workers, vocational instructors, and medical and psychiatric staff. This does not mean a return to the abandoned and infamous asylum system. It provides a balance between safe, secure and supported living, maximising freedom, responsibility and care. Funding for the complex could be drawn from current ACT Housing and Disability Services budgets and rent contributions from clients.

It is recommended that the Standing Committee recommend that a scoping study and feasibility study be undertaken to assess the potential for such a model to meet the needs of people with a mental illness.

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