Tasmania

DEPUTY PREMIER
MINISTER *for*
HEALTH *and* HUMAN SERVICES

7 OCT 2005

Ms Karin MacDonald MLA
Legislative Assembly for the
Australian Capital Territory
GPO Box 1020
CANBERRA ACT 2601

Dear Ms MacDonald

Thank you for your letter of 15 September 2005 concerning the Inquiry into appropriate housing for people living with mental illness being conducted by the Standing Committee on Health and Disability of the Legislative Assembly for the ACT.

I am pleased to be able to offer you the following information on the progress the Tasmanian Government is making on improving housing access for people living with mental illness.

In November 2004 Tasmania produced the Strategic Framework for Support Accommodation for People with Mental Health Problems. The Framework was developed under the following principle - *"All people with mental illness need to be afforded the opportunity for autonomy and integration within their community."*

The Framework documents a range of models of supported accommodation and provision of support to public housing tenants. It also includes a recovery approach for all the mental health housing options. The framework details strategies which would enable Tasmania to develop alternative support-based models over the coming years.

At present, Tasmania provides supported accommodation to seventy consumers through collaborative partnerships. Housing Tasmania provides the accommodation and non-government organisations provide support services in this partnership.

In addition, consumers, carers and non-government providers have been involved in the development of supported accommodation models for consumers with medium to high rehabilitation and support needs. The outcome of this consultation process is a model which sees accommodation being provided to consumers in units clustered together. Residency will be provided either on a short or longer term basis, reflecting individual rehabilitation and recovery needs. Mental health non-clinical support will be available to residents on a 24 hour basis.

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A new housing complex for a further twelve adults with non-government support will be opened on the north west coast of Tasmania in early 2006.

Consumers, family members and Mental Health Services perceive this model as being extremely beneficial, seeing it as providing an environment for rehabilitation and recovery to take place.

In accordance with the Framework, Tasmania is also funding individual Packages of Care for people living with a mental illness, who live in their own or rented accommodation. These Packages of Care are offered in all areas of the State and are provided by the non-government sector. There are currently sixty two Packages of Care offered across the State. There are two levels of care.

- Level 1 Packages of Care provide non-clinical support to the individual in their own home (or at a place nominated by them) three to four times a week.

- Level 2 support offers a higher level of support with non clinical staff delivering a service to the participant seven days per week.

These packages provide a high level of flexibility, allowing for fluctuations in support needs.

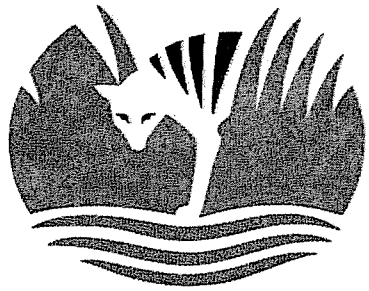
Supported accommodation options for people with a mental illness are accessed through a panel facilitated by Mental Health Services. This panel recommends entry to the various supported accommodation options (as described above) based upon an individual's clinical need and current living situation.

All these strategies provide safe, secure and affordable housing options for Tasmanians living with a mental illness.

I hope this information is of value to your Inquiry into appropriate housing for people living with mental illness.

Yours sincerely

David Llewellyn, MHA
DEPUTY PREMIER



Tasmania

DEPARTMENT *of*
HEALTH *and*
HUMAN SERVICES

Supported Accommodation for People with Mental Health Problems

Strategic Framework

Endorsed by DHHS Agency Executive Committee

Sue Jones
Mental Health Services
Department of Health and Human Services
Tasmania

Date: 24 November 2004

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Introduction

Mental Health Services seeks to ensure provision of a comprehensive range of integrated and coordinated services that enhance mental well-being and encourage recovery from mental disorder. Services must be provided in partnership with people with mental illness (also known as 'consumers'), the community, and with other providers and sectors beyond the mental health sector.

Supported accommodation is one of the key services required by mental health consumers and their families.

For many people living with mental illness, the ability to choose, access and maintain safe and affordable housing provides the cornerstone to stabilising their lives and illness and improves their quality of life in the longer term.

Some people with mental illness require support to live in accommodation of their choice.

Mental Health Services, Housing Tasmania and the Supported Accommodation Assistance Program (SAAP) are working together to provide a resolution to the current shortage of supported accommodation in Tasmania. Both Housing Tasmania and SAAP have provided financial assistance to Mental Health Services to develop appropriate accommodation models.

SAAP provides crisis and temporary accommodation and this type of accommodation is not discussed in the Framework, as it will be considered as part of the SAAP review. However it is a critical service for people with mental illness who are in crisis and Mental Health Services needs to look at ways of better supporting the SAAP sector.

This document provides a framework for an appropriate range of supported accommodation models and services in partnership with other sectors, and sets out the strategies and priorities for progressing the implementation of those models and services to provide more supported accommodation.

Background

Analysis of needs - in Australia

Nationally, the shift from institutional living to community living, with the implementation of the *First National Mental Health Plan,* provided a number of challenges in the development of effective community living models for people who experience mental illness and psychiatric disability.

It highlighted the need to provide ongoing support to persons with diverse and acute needs, with support not only needed in the initial stages of illness and recovery (which may include high support accommodation) but also to secure affordable and appropriate housing on an ongoing basis to help the person to stay housed.

Mental illness can disrupt a person's ability to sustain or regain autonomy, and consequently access and sustain supports to maintain independence, including housing tenancy. People with mental illness (also known as 'consumers') sometimes face barriers, such as the inability to work through administrative requirements. The person's own capacity for independent living may fluctuate and be unpredictable, as his or her needs change over time. Therefore a range of services and accommodation options are needed in order to meet these needs. Access to these services will depend on the needs of the consumers at the time, and as their needs change.

People with mental illness are highly represented amongst the general homeless population, and have also been found to be the most vulnerable to homelessness in the period immediately after their discharge from hospital following a crisis episode. Factors frequently identified include the lack of housing and other services to people with a mental illness and/or the fact that being homeless, or having unstable housing, places people at an even greater risk of deteriorating mental health.

There is evidence to suggest that many people with a history of homelessness and psychiatric disability can achieve stable housing despite their complex needs and ongoing nature of their illness.

However, without sufficient adequately supported accommodation, people with mental illness will remain a highly vulnerable and disadvantaged group.

A small but significant number have impaired cognitive ability, little power to choose where or how they live, few supports, receive few services, and have a greatly reduced ability to protect themselves from exploitation and harm. Lack of income and few family supports increase the general impoverishment of circumstances and lifestyle.

Analysis of needs - in Tasmania

Tasmanian research, including the community consultations, confirms that there is a considerable number of people with significant mental health problems, and significant support needs, who cannot access suitable long term or high support accommodation. The consultations confirmed that this is a complex area where responses are not straightforward and needs not homogenous.

There is a growing awareness of a significant change in the accommodation situation in Tasmania. There are a number of factors that have clearly contributed to this change, including an unprecedented increase in demand for property in many parts of Tasmania, and a consequent increase in property prices. The demand for residential property in many areas exceeds the supply. Occupancy rates for public housing are at levels of up to 98%.

At the same time there has been a significant loss of accommodation available in boarding houses. One estimate puts the reduction at 150 places in Southern Tasmania alone. Several facilities around the state have been sold for alternative uses, and others are on the market.

Tasmania, like other States and Territories, has undergone a major process of deinstitutionalisation, and while there have been no studies on the impact of the closure of the Royal Derwent Hospital and the development of community based care, it is recognised that this is an extremely complex area, where the rights of people to be independent, the requirement for service systems to be well integrated, and the challenges of providing a range of appropriate accommodation in the private sector, all come in to play.

Estimate of needs - Tasmanian consultation process

Funding was provided by three services, (Mental Health, Housing Tasmania and SAAP) to undertake work related to supported accommodation, including an extensive consultation process for gathering first hand information about the current perception of need for support and accommodation of people with mental illness in Tasmania.

Consultations were undertaken in the north, northwest and south of the State, and across broad representation of the non-government accommodation sector, mental health services, and other community and government agencies.

The results of this process are contained in a previously circulated discussion paper - Attachment 1. The discussion paper and comments received about the discussion paper inform the strategies and priorities of this document.

The consultations sought information about the current need for supported accommodation for people with mental health problems in each area of the State, ideas about how meeting this need might be best approached, the priorities for different types of accommodation, and the things that were important in supported accommodation facilities.

The consultations confirmed that residential service providers in the Tasmanian community sector are providing accommodation for significant numbers of people with serious or moderate mental health problems, often with considerable substance abuse issues, and many with co-existent intellectual disability.

The service providers articulated the complex interaction of factors including economic disadvantage, broken relationships, domestic violence and other kinds of abuse, low levels of living skills, and the impact of being released from prison or hospital and having no stable accommodation to go to.

Whilst it is acknowledged that there are significant numbers of people with serious mental health problems who do not live in appropriate accommodation, the numbers are difficult to determine accurately for a variety of reasons:

- People who do not have suitable accommodation tend to move frequently, and contact with services is often lost.
- Significant numbers of people are reported to live with relatives or friends in very difficult circumstances, but this is hard to monitor accurately.
- Many of these people do not access mental health services on a regular basis.
- Services they do access rarely keep records on both mental health and accommodation issues.
- There are gaps in services, including in the high support accommodation end of the spectrum of housing options, as well as at the more independent end, requiring recovery support programs delivered in a person's home.
- Consumers struggle to retain tenancy over the course of an illness or episode requiring mental health care.

The closest estimate, obtained through the consultation process using waiting lists from both government and non-government organisations, of numbers of people who have significant mental health problems and support needs is as follows:

- **South**
    - It is estimated that there are 80 to100 people in the South that need a range of supported accommodation options.
- **North and North West**
    - It is estimated that there may be as many as 200 people needing a range of supported accommodation at any one time in the North and North West.
    - Figures for the North and Northwest are more difficult to obtain, in part at least because there are fewer services for people to access. It is suggested that the numbers of people in the North and Northwest will be comparatively higher than the South, because there are fewer supported accommodation options. On the other hand, there may have been a population shift to the South to access services. A recent survey found that 35-40 people currently need accommodation with medium to high support.

A number of services and consumers reported that the non-government community services sector could and should play a greater role in the area of supported accommodation, in order to increase the range of choice available to consumers and families.

Non-government providers can be better positioned to provide appropriate and high quality range of recovery programs and supported accommodation, in partnership with community clinical services for specialist clinical input to care.

Concept of recovery

Empowering people with mental illness to work towards their own recovery, with as much choice about access to services as possible, along with supporting their families and carers, is a critical objective of Mental Health Services.

Recovery is defined as the ability to live well in the presence or absence of mental illness (or whatever people choose to name their experience). People with mental illness need to define for themselves what living well means to them.

The definition is purposefully a broad one, because the experience of recovery is different for everyone and a range of service models could potentially support recovery.

Recovery happens when people with mental illness are able to take an active role in improving their lives. This is helped by living in a community that includes people with mental illness in a positive and non-stigmatising environment.

Access to appropriate supported accommodation and recovery oriented treatment programs plays a key role in achieving the goal of maintenance or reintegration of an individual with their most normal community setting.

Supported accommodation and recovery programs

A whole of life approach to recovery is assisted by supported accommodation services that focus on maximising the independence of consumers who are being supported.

While some services are delivered within a psychosocial rehabilitation framework, it is not necessary for people to actively engage in all aspects of a comprehensive recovery program.

Each consumer will engage according to his or her needs at any particular time.

Flexibility is needed when providing both recovery programs and supported accommodation, in order to appropriately meet the needs of consumers as these needs change.

Some people prefer to live in a structured supported environment and will choose the level and intensity of engagement in a particular program.

Supported accommodation services are integrally linked with community based recovery programs

Recovery programs associated with accommodation support may include:

- Disability support - helps people to manage a wide range of self-care tasks and care of their immediate living environment.

- Psychological support - enables people to meet a range of cognitive and emotional needs. It includes activities such as problem solving and counselling.

- Recreational support and activity programs - assist people to participate in recreational activities that interest them, and provide social context for recovery.

- Social support - helps to increase social networks through assisting people to mix with other people, which stops them from feeling isolated.

- Pre-vocational and vocational support programs - assists people to gain employment skills.

- Employment assist programs - leading to part time or full employment

Recovery programs may range from low level to high level support and may vary across the levels according to the often fluctuating needs of a person with mental illness.

In 2002 a statewide rehabilitation services project review was carried out, with wide ranging consultations undertaken with stakeholders to determine issues, concerns and recommendations regarding the way forward for Mental Health Rehabilitation Services. Recommendations for strategic development and policy for recovery and recovery programs were to:

- Develop philosophy and vision statement for recovery programs.
- Develop a mission statement for statewide recovery and rehabilitation services, with a recovery policy and guiding principles for service delivery based on wellness.
- Confirm a range of services or recovery programs that support rehabilitation.

These recommendations are founded on the principle that people with mental illness should be able to determine their own recovery programs and be assisted to achieve their life goals, wherever possible.

Therefore there is a close link between the rehabilitation review, and the supported accommodation framework. At a service level this link is evident through the interaction between supported accommodation and the recovery programs that consumers in supported accommodation access.

Supported Accommodation Framework

Principle

- **All people with mental illness need to be afforded the opportunity for autonomy and integration within their community.**

The freedom to determine their own actions and behaviour is consistent with support and treatment in the least restrictive environment and the underpinning concept of recovery.

A range of services needs to be provided to meet the range of needs of each individual consumer on an individual level. Simply put, levels of support needed to sustain residence range from high through to low level and capacity for independence.

High to medium support is provided to individuals who are unable to live independently and need intensive support or active support 24 hours a day.

Medium to low support is provided to individuals who have a reduced capacity to sustain independent tenancies and where brief daily support from non-clinical staff is sufficient to meet their needs.

Low support is provided to individuals who live independently where contact or support on a regular basis, such as weekly, fortnightly or longer is sufficient to meet their needs.

It must be recognised that a mix of these services will sometimes be most appropriate to individual needs. There are a number of possible options for flexible support for individuals depending on their own wishes and capacity for independent living. For instance there is the possibility that that an intensive level of support may be provided to an individual but in a more independent living arrangement, eg own home or boarding house model.

It must also be recognised that some people will need support for long periods of time. Therefore security of tenure, and no time limits on length of stay in any transient accommodation when they are still in need, are necessary. There are also people whose lives are stable because they receive a level of support that suits them and who would relapse if that support was not available.

More detailed definitions / specifications of levels of support that establish the supported accommodation framework are contained in Appendix 1.

A range of accommodation options or proven models of service delivery that fit within a supported accommodation framework is listed in Appendix 2.

Access to services

This simple description of the range of services does not prescribe the exact mix of supports most suitable to each person nor does it define how consumers may access services. For instance, a person may require a high level of support for a period of time before becoming more independent.

Services provided to the person should be made available on the basis of his or her assessed need. Not all people will require all levels of service across the spectrum from high to low, but access to each level of support must be flexible and responsive to changing needs.

The process for assisting people with the support they require, and to access recovery programs of their choice, starts with contact with Mental Health Services. Contact could be from multiple sources, including self, external agencies, other health services, communities. If the person is making contact for the first time then MHS will take their history and gather other information to assess their needs and explain what recovery programs are available. Referrals are then made to a wide range of government or community recovery programs, based on assessed need. The level of support the person requires will be determined, in conjunction with the person and the providing agency.

Strategies

Mental Health Services, in collaboration with other services, will progress the following priorities associated with the strategies, within the next two years. The priorities will be consistent with the range of services outlined in the Framework.

1. Develop a range of supported accommodation options for people with mental health problems, focusing initially on the following priorities.

Priorities

1.1 Develop high support accommodation services in each region of Tasmania.

1.2 Develop a cluster style unit development with on-site support for medium to long term residency, in each region of Tasmania.

1,3 Develop packages of care for people who need support with independent or community living.

1.4 Appoint a coordinating resource to develop and implement these medium to long term supported accommodation options.

1.5 Identify housing options and recurrent funding to implement these developments.

2. Develop and implement a formal planning partnership between Mental Health Services, Housing Tasmania, SAAP Services, Disability Services, Alcohol and Drug Services, Correctional Health Services and Youth Justice, in order to strategically plan to meet the supported accommodation needs of consumers in the future.

Priorities

2.1 Identify a more detailed level of need for supported accommodation for people with mental health problems, models that are most appropriate to meet that need, and set targets for the next 3 to 5 years to implement the models.

2.2 Identify resources to implement the models

2.3 Develop indicators to assist with monitoring the implementation and impact of initiatives within this Framework.

2.4 Develop a service delivery protocol between Housing Tasmania and Mental Health Services, similar to the protocol that has been developed between SAAP and Mental Health Services. The protocol will formalise the referral processes, information sharing rules and process for Housing Tasmania to obtain advice, information assistance and support about clients with mental health problems.

3. Develop a collaborative framework between Mental Health Services, Housing Tasmania, community health services, SAAP Services, HACC services, Disability Services, Alcohol and Drug Services, Correctional Health Services and Youth Justice and non-government service providers, to ensure sustainable development of supported accommodation models of service delivery.

Priorities

3.1 Develop collaborative relationships in order to implement and sustain the supported accommodation framework.

3.2 Appoint a coordinating resource for the development and delivery of education and training programs to SAAP workers and consultants in the area of mental illness and mental health problems, particularly as these relate to clients of accommodation support services.

3.3 Work with supported accommodation providers for people with mental health problems to develop good operational models of services delivery that will include funding sources, operational budget and resource mix.

4. Review funded supported accommodation services across the mental health sector, for example Mental Health Services residential facilities, in order to align service provision with the Framework, service specifications and the Rehabilitation Review recommendations.

Priorities

4.1` Delineate services specifications for the range of supported accommodation needs, starting with new services, and incorporate these into old services as contract negotiations allow.

4.2 Identify links between recovery support programs (rehabilitation) and supported accommodation provision in each region, and establish expectations of developed linkages in service specifications

4.3 Set up a system of review of the functioning, configuration and location of the current range of supported accommodation facilities for people with mental health problems in each region in order to realign / align to the priorities in this Framework and service specifications.

4.4 Develop a system of accreditation of community supported accommodation facilities for people with mental health problems based on the standard of service management and accommodation provided.

5. Develop models of supported accommodation for the needs of specific groups of people with a mental disorder (for example, young people, older people, people of Aboriginal and Torres Strait Island background) to ensure service specifications encompass the special needs.

APPENDIX 1

Range of supported accommodation services

Levels of support

Level 4 - High support

This level is for individuals who are unable to live independently and need intensive support in their living situation. This may be either:

- Community based residential rehabilitation and support service where 24 hour intensive support is provided by a mix of clinical (professionally qualified) and non-clinical staff to meet individual needs, or

- Intensive home based support, with intensive resource input by targeted clinical/case management services and non clinical support services that work together to provide a high level of individual support 24 hours a day.

The individuals that require high support are those that are currently residing in acute inpatient services for prolonged periods of time and have had multiple readmissions to hospital due to the severity of their mental illness. Other individuals that may be forensic clients and/or have alcohol and/or drug problems as well as mental illness will require high support if they have complex needs.

Level 3 - Medium support

This level is for individuals who are unable to live independently and have high requirement for active support in their living situation. They will require either:

- 24 hour residential support (which may include sleepovers) provided by non-clinical staff to meet individual needs, or

- 24 hour access to home-based support provided predominately by non-clinical staff (but with some professionally qualified clinical staff available) to meet individual needs.

Level 2 - Community living with support

Community living can be an accommodation choice when there is a reduced capacity to sustain independent tenancies. This level is for individuals where brief daily support from non-clinical staff is sufficient to meet their needs. Clinical staff provide regular support.

The consultation process identified some models of configuration of facilities, which were in place and appeared to offer benefits.

Those models were cluster housing in combination with varying levels of support available in one of the following forms.

Cluster housing (independent but co located flats / houses) with:

- A caretaker on site, or resident lead tenant, who could link residents in to other services and help residents with problem solving.

- A daytime worker on-site, who would assist residents in organising their day and co-ordinating their link with other services.

- A combination of on-site caretaker and daytime outreach community support worker. In this case, the outreach worker might provide support to a number of closely located sites.

- On-site manager during the day / evening to help people organise their day, arrange meals, co-ordinate access to other support services and co-ordinate recreational activities. Possibly with a resident lead tenant or caretaker 24 hours a day to call services in case of a crisis.

- Community Services staff during the day, and working a sleepover shift at night. Provision or co-ordination of meals, assistance with organising daily activities including housekeeping. Organised collaborative support provided from generic and specialist services.

Boarding house arrangement with

- A caretaker on site, who could link residents in to other services and help residents with problem solving.

- A daytime worker on-site, who would assist residents in organising their day and co-ordinating their link with other services.

Other communal living options, such as purpose built or acquired residences for a specified number of people who have their own bedroom and communal living, dining and laundry areas, would have support available on a number of levels from low to high as follows.

- Brief daily support from experienced non-clinical staff is sufficient to meet individual needs.

- Available staff with some daily input from non clinical staff coordinated around a definite program eg psycho social needs, individual care needs

Level 1 - Independent living with support

Independent living refers to a person living alone, or sharing, in rental accommodation that is managed by direct or community tenancy. This level is for individuals where contact or support on a regular basis, such as weekly, fortnightly or longer, is sufficient to meet their needs.

Services to support people in their rental accommodation may be provided by Home and Community Care (HACC) and/or outreach support by either government or non-government provider.

Support provided could range from low to high, depending on the person's level of functioning at the time. It may range from one visit by a key worker per week to visits every day from a number of specialist mental health staff.

Access to recovery programs is an important and integral part of independent living with support. These programs and consequent level of support provided from them can maintain people in a community setting, with, at times, intensive input.

This support can often be provided in combination with closer clinical input and on site supervision, particularly when individual needs fluctuate.

APPENDIX 2

Housing options - proven models in other states and countries

There is a range of accommodation options that fit within a supported accommodation framework:

- Independent housing in the form of property owned by the individual, public housing, non-government organisations or private rental accommodation.
- "Tolerant landlord" for people who have difficulty sustaining individual tenancy.
- *Boarding houses which provide full board and lodgings, and minimal supervision or support.
- Halfway houses that provide ongoing assessment, active treatment and rehabilitation, often in a therapeutic community. The residents maintain the house. These houses aim to prevent continual re-admissions to hospital and develop social skills.
- Group homes that provide relatively independent living in the general community. Groups of people who have a disability live in the same residence with the use of shared facilities.
- Hostels that provide supervision for residents. The accommodation may be partially or fully serviced. Residents are responsible for provision of their own meals, and maintenance of some house areas.
- Respite and crisis beds that provide very high support as an alternative to hospitalisation or a break from usual accommodation

*The boarding house option is currently being addressed by Housing Tasmania through its *Affordable Housing Strategy.* Three new boarding houses are being established, one in each region. Although these facilities are not being established specifically for people with mental health problems, it is likely that some of these people will choose to stay in the boarding houses.

Important features in supported accommodation facilities

The consultation process also identified a number of important features in the setting up of supported accommodation facilities. These include:

- Location close to other support services and good collaborative links with those services.
- Adequate space and privacy.
- Affordability.
- An acceptable standard of accommodation
- Provider able to provide good service over significant period of time and able to withstand changes in the context of care delivery
- Provider able to cope with and prepared to deal with challenging problems
- Selection and retention of good staff - one of the key factors in making a supported accommodation facility successful.
- Initial and ongoing training for staff
- Support people with comorbidity - alcohol and drugs and mental health problems
- Have links with other services
- Include all age ranges
- Sensitive to, and respond to, developmental needs of residents