Response to the Inquiry into Appropriate Housing for People Living with Mental Illness

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About the Mental Health Foundation

The Mental Health Foundation (MHF) is a not for profit community organisation, established in 1984, with an innovative approach to the delivery of high quality services for people with a mental illness, an involvement in mental health promotion at the community level and a strong commitment to effective consumer and carer participation in all of its activities.

The vision for the Mental Health Foundation is '*working together for better mental health'*. This vision statement reflects the MHF commitment to working in partnership with government, community sector, consumers and carers alike. In addition staff are encouraged to share their skills, expertise and knowledge across all MHF programs, creating additional added value and synergies of service delivery. The Foundation works in good faith to implement creative partnerships with mental health consumers and carers, other mental health organisations, mental health professionals, community organisations and supportive individuals with a view to deliver quality services for people living with a mental illness.

The primary object of the Foundation is to alleviate the distress associated with living with a mental illness through the delivery of services including support, respite, housing and information. The services of the Foundation are open to all people in the ACT region with mental health issues.

The Mental Health Foundation welcomes the inquiry into Appropriate Housing for People Living with a Mental Illness. Consumers and carers who are in receipt of our services have been consulted throughout our organisation and their comments are included in our response, see Consumer Reference Panel Feedback, and Carers Network snapshot.

Housing Issues

Short term/insufficient levels of funding generally address short term needs. The crisis in our mental health system is not a short term need, rather a long term commitment is required, backed by adequate resources, which includes funding, people and a real desire to achieve change.

We welcome the *'ACT Mental Health Strategy and Action Plan 2003-2008* with prevention, early intervention and health promotion being recognised as essential to improving community mental health status. The Strategy has no specific funding attached to it, to achieve its aim, and very little for mental health was included in the recent budget.

It is widely acknowledged that it is not good enough, morally or ethically to solely prescribe medication and hand over a few jargon written pamphlets. People need to be educated, and guided to seek ways of managing their own mental health that works for them. We need to empower consumers to take control over their own lives, and access a range of relevant services to heighten their quality of life, of which housing is just one issue.

Families and community organisations took on most of the day-to-day care when the stand-alone hospitals closed. Accommodation, rehabilitation, outreach are generally supplied by community organisations and the proportion of the mental health budget that they receive needs to increase to better reflect this load. Without adequate funding services have little capacity to provide a true rehabilitation service which has the capacity to address the cognitive and functional deficits associated with mental illness. In the ACT the community sector play a vital role in providing service.

There is a real shortage of accommodation options for people with a mental illness in the ACT. More affordable, supported, long-term accommodation is needed. Mental illness may not be curable, but it is definitely manageable. Some individuals may experience one episode, and then never again. However, the majority will be managing their illness for the rest of their lives. For some, their illness maybe so debilitating they may need assistance in all aspects of life. It is a basic human right to have shelter, and for people with mental illness even more so.

So what does good accommodation mean to someone will a mental illness? It means a safe and secure place they can call their own. Lack of appropriate accommodation leads to homelessness. People living with a mental illness are an over represented group amongst the homeless, as well as over-represented as a client group within supported accommodations programs such as refuges.

There are not enough beds for the numbers of ‘unwell’ people in the ACT. Inpatient care/facilities are not well resourced, for example they are always experiencing staffing shortages. To add to this difficulty is the issue of accessing psychiatric hospitalisation when most needed. A treating psychiatrist needs to have admittance rights. Alternative options are to go through the trauma of casualty or via the Crisis and Assessment Treatment Team (CATT), either of which can take up to or over eight hours of waiting.

Housing Issues for Mental Health Programs

Friendship House

The Mental Health Foundation has been providing long term supported accommodation for a number of years, through our Friendship House Program. The Friendship House Program was initially developed as a result of the needs expressed by a number of consumers for long term supported accommodation for people who have a mental illness. The program is facilitated through two three bed-roomed houses and one individual unit.

A strong consumer focus is maintained with a range of activities and skills options tailored to meet the individual needs of residents. Low level support is offered which includes social skills development, personal development and basic living skills. The program includes regular social interactions with the residents to provide opportunities for quality of life experiences, and opportunities for residents to develop a social network. Flexible hours of operation meet individual residents needs.

Friendship House provides a long term supported accommodation option. The MHF believes long term is defined by client needs. As long as our residents need a roof over the heads and our support to maintain their wellness, their home remains with Friendship House. This of course means that due to lack of viable alternative housing options within the community, few discharges from Friendship House take place. This is further compounded by pressure being felt for client throughput and new admissions.

As mentioned earlier the support offered to residents through this program is of a fairly low-level, (amount of staff hours available) due to funding levels received for the program. When a vacancy occurs a thorough assessment of living skills is required to ensure that the MHF can adequately support each residents needs. This thorough assessment of needs take place with potential residents first staying at our Respite program in O'Connor.

Within the past two years one of our long term residents has become sufficiently unwell to warrant an extended stay at Brian Hennessey Rehabilitation Centre, where he is still receiving treatment. During hospitalisation, rent continues to be paid from an individuals income, yet this is not the case for admissions to Brian Hennessey Rehabilitation Centre. The MHF has absorbed the financial loss of rent and household expenses for 16 months. This person's rent was able to be reduced to a minimum by Barton Housing Co-op, the landlord, who have incurred the major loss of rent. The client has been discharged from our program as this is not sustainable without reimbursement for rent and household bills. Pending discharge from Brian Hennessey this person no longer has a home to go to. We anticipate he will experience difficulties in finding suitable accommodation.

Warren I'Anson Respite Program

The MHF successfully manages a Respite Care Program (RCP) for residents of the ACT who have a serious mental illness and who need respite. The program is innovative and is often sited as an example of best practice. The current Respite Care Program provides short term, planned residential care. Demand for assistance under the program is considerable and currently, about one in three requests for assistance can be met. The RCP is currently funded from ACT Health to provide 50 admissions annually.

The Mental Health Foundation's Respite Care Program provides services for the primary benefit of consumers. The RCP provides a place for consumers to have a reprieve from their usual living circumstances, together with opportunities to enhance their quality of life as well as develop new living skills and social networks.

Records show that the reasons for admission included:

- to address social isolation
- break for and from carer
- felt 'unsafe' at their own home
- carers were going away for a period
- attempting their first experience of independent living

- transition form hospital to home
- extra support when showing signs of becoming unwell
- break from home duties and child care
- to develop living skills

Its is worth noting that in recent months several referrals have been received from Mental Health ACT, of consumers who are currently homeless; consumers being discharged from hospital without a home to go to; and unwell consumers requiring hospitalisation, as an alternative. The MHF has endeavoured to meet these needs, although on each occasion there have been several negative outcomes. For example:

- High level of support required from staff, resulting in staff burnout, extra hours being worked resulting in financial loss to MHF
- High level of support required from other residents at respite, resulting in negating any therapeutic benefits of respite
- Unable to discharge homeless consumers, due to lack of other accommodation options, results in cancellation of respite services for other consumers

Feedback and Comments from MHF Consumer Reference Panel

Context

The Terms of Reference were considered by the MHF Consumer Reference Panel (CRP) on Tuesday 12 April 2005.

About the CRP

The MHF has a Consumer Reference Panel which meets on a quarterly basis and includes representatives of consumers who receive services through each of our Programs. Valuable information is obtained from the meetings which is used to review all MHF programs. In addition to this, relevant topics are discussed, such as the Housing Inquiry. Members are paid a sessional fee for their services.

Comments

Rather than strictly addressing the Terms of Reference they served as a starting point for the discussion and issues raised.

The following points were made:

- The mix of residents in complexes can be problematic. The greatest difficulties were experienced by our consultants, all of whom are over thirty, when there were high levels of young people and people with obvious drug issues
- Concern was expressed at the high turnover of Housing Managers (HMs), resulting in a lack of continuity and follow up in regard to particular problems, grounds maintenance being highlighted

- There were breakdowns in the maintenance system sometime resulting in lengthy delays
- It was suggested that HMs have more training on mental health issues
- The liaison role of HMs should be actively promoted, particularly by encouraging residents to contact their HM
- It was proposed that a number of specialists in mental health be employed by ACT Housing to work with and support individuals in ACT Housing with enduring and difficult conditions
- That ACT Housing clients be given the opportunity in their initial application to identify that they have a mental health disorder so that they can receive ACT Housing services targeted at people with a mental health disorder and get appropriate understanding if problems arise
- That a reference group similar to the CRP be established to provide service level feedback though ongoing consultation

Mental Health Carers Network

The Mental Health Carers Network has been meeting since 1999, and is currently being administered by the Mental Health Foundation. The Network is a chance for carers to come together, to share ideas and support, and to take collective action on issues of importance to the group. Housing is one such issue. Over the years the Network has conducted two snapshots of housing availability for consumers exiting hospital care. The Network decided to carry out a third snapshot in order to respond to the Inquiry by the Standing Committee on Health and Disability. A brief description of methodology, and a very basic analysis is provided below.

Methodology

The Mental Health Foundation produces a directory of mental health services which it distributes free to consumers and carers. This directory was used as a basis for services to include in the study, on the assumption that upon exiting hospital care, consumers are given a copy if required. This may or may not happen on each occasion. It is acknowledged that all relevant accommodation services may not be included in the directory.

The same core questions have been asked on all three occasions, to allow a comparison over time. Network members and MHF staff rang each identified organisation and conducted the interview over the phone. As there were a number of people conducting the interviews, there may not always be consistency of information contained in replies, and apparent changes/differences in service provision may also be due to the individual perspective of who took part in the interview on behalf of the accommodation provider. All results were then collated and analysed in conjunction with results gained on previous occasions to provide a historical perspective.

Accommodation provision

It appears that there has been an increase in the provision of accommodation programs over the last five years. How this relates to levels of available

public housing over the last five years is not known. The apparent increase in accommodation programs may also be due to more organisations being part of CONTACT, from which the Mental Health Foundation culls its own specific mental health directory.

It is worth noting that accommodation services that are not particularly targeted or exclusive for the use of mental health consumers, reported that most of their clients have a mental illness.

Dual Diagnosis
All but one will take consumers with dual diagnosis issues. This may however be accompanied by a qualifying statements such as stability of consumer

Admission Criteria
Many and varied, and not all mental illness specific. For example homeless, families, youth, yet mental health consumers are constitute the majority of their clients.

Age limits
Most from age 18 onwards, with a couple from 16 years and this can be flexible depending on need and maturity of individual.

Waiting lists
Length depends on the nature of accommodation being provided, for example crisis – shorter waiting list. Many accommodation services do not keep a waiting list. This is due to the high demand for housing, so consumers take pot luck, or ring on a daily basis until a vacancy occurs. Time spent on waiting lists can vary from three days to 18 months.

Referrals
It is good to note that most accommodation services will take referrals from anyone, however the number of accommodation services may be confusing.

Support provided
Appropriate accommodation is not only a question of shelter but support, supervision, rehabilitation and assistance upon discharge. All services have support plans to meet the needs of their residents, participation is either encouraged or mandated. There appears to be a lack of discharge planning and follow-up support.