mental health
community coalition ACT

Submission to

ACT Legislative Assembly Standing Committee on Health, Community and Social Services

Inquiry into Social Housing

November 2011

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Introduction

The Mental Health Community Coalition ACT (MHCC ACT) is the peak body representing the not for profit Community Mental Health sector in the Australian Capital Territory. Founded in 2004 the organisation promotes a diverse range of community agencies and local consumer and carer groups that support people recovering from a mental illness in the community.

MHCC ACT works inclusively with all stakeholders to support the development of community based services and promote the interests of consumers, carers and not for profit community organisations.

MHCC ACT welcomes the opportunity to provide input to the Legislative Assembly Standing Committee on Health, Community and Social Services Inquiry into Social Housing. MHCC ACT advocates for a social determinants approach to mental health and health generally which focuses on the factors that can enhance and protect mental wellbeing and prevent the development of mental illness. A key social determinant is access to safe, secure and appropriate housing. We would like to note that social housing policies and processes cannot be viewed in isolation from other Government policies so have provided some broader comments around support needs for people with mental illness experiencing housing instability or homelessness.

MHCC ACT also advocates for the inclusion in the ACT Human Rights Act of economic, social and cultural rights, recognising housing and an adequate standard of living as human rights.

Mental Health, Housing and Homelessness

The research generally agrees that there are strong links between mental illness and homelessness. There is some disparity among researchers about the extent of this link, with some studies suggesting as many as 80% of people experiencing homelessness also have a mental illness. A recent study of more than 4000 people experiencing homelessness in Melbourne found that 30% either had mental health issues prior to becoming homeless or developed them after they became homeless.[1]

People with mental illness also have lower average incomes than the general population and are significantly less likely to own or be paying off their own homes (one study suggests 27% compared to 70% in the general population[2]). This restricts access to other Government initiatives, such as affordable housing, which are often targeted at people of higher socio-economic status.

Security and stability of housing is consistently highlighted by mental health consumers and carers as one of the most important issues that must be addressed

[1] Guy Johnston & Chris Chamberlain, *Are the Homeless Mentally Ill?* RMIT University, A paper presented at the Australian Social Policy Conference, University of New South Wales, 2009.
[2] J Chesters, M Fletcher & R Jones, *Mental Illness recovery and place,* Australian E-journal for the Advancement of Mental Health 4(2), 2005.

in order to enhance wellbeing, prevent the development of mental illness and support recovery for people living with mental ill-health. At a recent MHCC ACT budget consultation, increases in housing and supported accommodation options for mental health consumers was again flagged as a priority.

In order to identify strategies for addressing mental health and homelessness we need an accurate picture of the problem. However it is difficult to accurately assess the need for social housing among people with mental illness in the ACT community for a number of reasons, including:

- The priority housing list is capped at 150 applicants, meaning we do not have the full picture of demand for priority housing;
- Housing services offered by Community Services Directorate, Housing ACT and community housing and support providers are often not well integrated. For example, although First Point has a role in managing access and availability of CSD social housing services, they have less well established relationships with accommodation services provided by mental health services.

The Mental Health Council of Australia 2009 Report *Home Truths; Mental Health Housing and Homelessness in Australia* recommends that to meet demand for social and public housing among people with mental illness, 30% of social and public housing stock must be set aside for people with a mental illness. This target is to play 'catch-up,' so people with a mental illness are housed on a level comparable with the rest of Australian society.[3]

MHCC ACT has welcomed recent allocations of public housing to the mental health program, Housing and Support Initiative (HASI), and the commitment to expand this program through the Housing and Recovery Initiative (HARI). We look forward to continued growth in this area to address the high levels of people with a mental illness who are experiencing homelessness, at risk of homelessness or in unstable or inappropriate housing.

Availability and Waiting Lists

The Housing ACT website lists waiting times for High Needs Housing as 560 days and Standard Housing as 650. The ACT Ombudsman's report noted that actual waiting times for individuals can be much higher than this. These figures are clear indicators that public and social housing stock in the ACT is insufficient to meet the needs of the community.

The ACT Greens / Labor Parliamentary Agreement requires the ACT Government to adopt a goal of 10% public housing stock. Despite regular updates on progress against this accord, it is difficult to determine what specific progress has been made against this target.[4] MHCC ACT would like to see the provision of more regular and explicit data about the proportion of public housing stock.

[3] Mental Health Council of Australia, *Home Truths; Mental Health, Housing and Homelessness in Australia,* March 2009, 32.

[4] See for example *Joint Communiqué on Agreement Progress*, 22 February 2011, http://act.greens.org.au/content/act-greenslabor-agreement

These waiting list times also indicate the critical importance to anyone of getting on the Priority Housing List. People with a diagnosed mental illness are able to apply for priority housing, the highest needs category. This usually needs to be accompanied by other complex needs or risk factors, such as at risk of homelessness, accompanied by children or at risk of abuse.

Application processes and Communication

Anecdotally, we are aware that many people are confused or put off by the complicated application process. The stress of having to fill in large amounts of paperwork, provide sufficient evidence of income, assets, employment status, medical diagnosis etc, and the resultant worry regarding how the application can be assessed would be a burden to anyone. It can be an even larger burden for someone already living with a mental illness, and the resultant stress and anxiety can contribute to mental ill-health.

As well as asking for large amounts of detailed personal information, application forms require people to specify the type of social housing they would like to apply for. Many workers in the community sector find it difficult to understand the differences between public, community and affordable housing, particularly as the names and definitions can and have changed over time. For a person with lower levels of literacy or dealing with high levels of stress and worry, this can cause significant confusion.

The Ombudsman's report on Ms A's circumstances are indicative of the problems many people with mental illness face in dealing with bureaucracy and trying to get answers. If you are unfamiliar with the system, are unsure of the right questions to ask, have lower levels of literacy or face language barriers, navigating the housing system can be extremely difficult.

MHCC ACT strongly recommends training be provided to Housing ACT and other staff about working in partnership with mental health consumers and people from culturally and linguistically diverse backgrounds. Some community organisations provide this training from a consumer perspective, by employing trainers with lived experience of mental illness.

In addition we would like the Community Services Directorate to consider less onerous application processes and develop guidelines for improved communication and provision of information to applicants that will reduce stress and confusion for people who are already vulnerable.

Support within social housing system for people with mental illness

The Australian Government's 2008 paper, *Which Way Home?* recognises the impacts mental illness can have on a person's ability to maintain a tenancy. The paper notes that mental illness can be episodic, and a person's ability to live independently can fluctuate.[5] During periods when the person is unwell they may

[5] Commonwealth of Australia, *Which Way Home; A new approach to homelessness,* May 2008, 27.

struggle to meet rent contributions due to difficulties maintaining employment, higher medical costs, hospital admissions and isolation. Community and public housing providers must have a greater appreciation for this episodic nature of some illnesses and develop strategies to support people through periods when they are unwell.

MHCC ACT is also responding to the current Housing ACT discussion paper on Antisocial Behaviour Response and Support in Housing ACT. In that submission we noted that people living with mental illness are already vulnerable, antisocial behaviour is often the result of an underlying health issue and people with mental illness are disproportionately likely to be affected by antisocial behaviour by other tenants. MHCC ACT argues that providing intensive support is an effective response to people living with mental illness that may be having difficulty sustaining their tenancy and engaging in anti-social behaviour. Sanctions or threats of ending the tenancy are unlikely to be effective, and will probably have higher long term economic costs than linking people in with services and providing support to maintain the tenancy.

Whole of Government approach to mental health and housing

We would like to draw the Committee's attention to an example of a successful program where Housing ACT, clinical mental health services and community providers work in partnership with each other and the consumer to deliver better outcomes and prevent homelessness. The HASI program has a strong recovery focus, aiming to assist people to maintain their tenancies, participate in the community and improve quality of life.

It is a coordinated approach with clinical case managers, community support workers and tenancy managers working together to support the individual. An evaluation of the NSW HASI program showed significant increases in community participation, maintenance of tenancies, improved physical health, reduced hospitalisation rates and connection with services among participants.[6]

Although the ACT program is only in the early stages of evaluation, anecdotal and community sector feedback indicate similar positive outcomes. MHCC ACT would like to see the recovery and collaborative principles that make HASI a success applied more broadly. This could include fostering opportunities for tenancy managers, clinical mental health services and community support services to work more closely together. MHCC ACT would welcome the opportunity to work with the Community Services and Health Directorates to develop these opportunities.

The ACT Mental Health Services Plan highlights the importance of working in tandem with housing, employment and education services to support people experiencing mental illness and housing insecurity. The implementation plan requires Mental Health ACT to develop a strategy to improve mental health services for people experiencing homelessness. MHCC ACT would like to see

[6] NSW Department of Health, *Housing and Accommodation Support Initiative Stage 1 Evaluation Report*, 2007, v.

progress on this strategy as a whole-of-government response to the housing and support needs of this group of people.

A strategy should identify the range of housing and support models that could be necessary to support the diverse needs of people in the community. These could include, but not be limited to:

- Expansion of supported tenancy programs such as HASI;
- Targeted initiatives for people with mental illness to purchase their own homes;
- Incentives for carers or family members who wish to purchase a property for their family member;
- Support for private tenancies;
- Investigation of models such as Common Ground which can provide supported accommodation in a more group setting for people at risk of homelessness. These models will not be appropriate for everyone, but may be a preferred option for some people to individual tenancies.

Agreements and MOUs around policy collaboration and agreed outcomes should also be developed across key departments.