



**Submission to the Legislative Assembly
Standing Committee on Health and
Disability Inquiry into**

**Safe, Secure and Affordable
Housing for People with a
Mental Illness**



July 2005

About ACTCOSS

ACTCOSS acknowledges that modern day Canberra has been built on the traditional lands of the Ngunnawal people. We pay our respects to their elders and recognise the displacement and disadvantage they have suffered since European settlement. ACTCOSS celebrates the Ngunnawal's living culture and valuable contribution to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage, and low-income citizens of the Territory. ACTCOSS is a member of the nationwide COSS network, made up of each of the state Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS' objectives are representation of people living with disadvantage, the promotion of equitable social policy, and the development of a professional, cohesive and effective community sector.

The membership of the Council includes the majority of community based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

ACTCOSS receives funding from the Community Services Program (CSP) which is funded by the ACT Government.

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Abbreviations

ACOSS	Australian Council of Social Service Inc.
ACT	Australian Capital Territory
ACTCOSS	ACT Council of Social Service Inc.
AHURI	Australian Housing and Urban Research Institute
CALD	Culturally and Linguistically Diverse
CSP	Community Services Program
DHCS	Department of Disability, Housing and Community Services
LASCSP	Legislative Assembly Standing Committee on Social Policy
MHCA	Mental Health Council of Australia
NMHWG	National Mental Health Working Group
PSU	Psychiatric Support Unit
SAAP	Supported Accommodation Assistance Program
SAAP RaDS	SAAP Resource and Development Service
WAAMH	Western Australian Association for Mental Health
YCACT	Youth Coalition of the ACT

Summary of Recommendations

1. That the ACT Government uses broad definitions of both Mental Illness and Homelessness in determining policy positions and access to support services and housing
2. That the ACT Government directs additional resources to ensuring that the ACT Mental Health Strategy and Action Plan and the Homelessness Strategy are implemented in a timely and effective manner
3. That the ACT Government collaborates more widely and utilises the content of related documents during the strategic planning process. In particular, strategies and action plans should seek to articulate methods of interacting with other agencies to produce more effective service delivery
4. That the ACT Government increases cultural awareness throughout ACT Government, including mental health and housing service providers
5. That the ACT Government increases funding to indigenous organisations to meet the continuing demands placed upon them by Government agencies
6. That the Committee and the ACT Government examine the effectiveness of existing mental health and other human services, including housing for people experiencing additional forms of disadvantage, including:
 - Indigenous People
 - Young People
 - Older People
 - Carers
 - Women
 - Culturally and Linguistically Diverse People
 - People with a Dual Disability
 - Problem Gamblers
 - People without access to employment
 - People on low incomes
 - People with a Dual Diagnosis
 - People in contact with the justice system
7. That the ACT Government expands community education programs relating to mental health.
8. That the ACT Government investigates novel methods of ensuring a greater supply of low cost housing in the private market
9. That the ACT Government increases investment in social housing
10. That the ACT Government investigates providing a private rental brokerage service for disadvantage people or those at risk of homelessness

11. That the ACT Government investigates exempting family provision of accommodation from property tax and providing further incentives to encourage this investment
12. That the ACT Government provides specific housing risk management services
13. That the ACT Government reviews the social housing stock configuration to increase the availability of housing suitable for people with mental illness
14. That the ACT Government allows public housing applicants to remain on the waiting list whilst utilising alternative short-term accommodation
15. That the ACT Government works to provide secondary clinical case management services for the SAAP sector
16. That the ACT Government increases emphasis and resources on living support, early intervention and prevention strategies for mental health consumers
17. That the ACT Government provides greater social support and community interaction programs for mental health consumers
18. That Government investigates and resources new programs and initiatives aimed at increasing agency collaboration in service delivery
19. That the ACT Government gives greater attention to community service provision in resource decisions about supporting mental health consumers
20. That the ACT Government seeks to ensure that individual consumers have the option of choosing appropriate housing and treatment services, and that consumer organisations have meaningful input into planning and delivery of services.

PART I: THE POLICY AND SOCIAL ENVIRONMENT

Foreword

ACTCOSS makes this Submission in its role as the peak body for the ACT community sector. However, ACTCOSS would urge the Committee to ensure that the voices of mental health consumers and consumer organisations are heard in its deliberations. ACTCOSS believes the involvement of consumers in decision-making is paramount, and that the provision of consumer choice in service delivery should be an essential consideration in future government funding decisions.

ACTCOSS applauds the Committee for examining this issue. The intersection between mental health and housing services has been of concern to the community for some time, and this inquiry will focus much needed attention on the issue and hopefully improve outcomes for mental health consumers.

ACTCOSS has taken a broad view of the terms of reference. In order to achieve an understanding of the housing needs of people with mental illness, a broader understanding of mental health consumers and the social environment is needed, and improvements in housing need to be accompanied by improvement in other government and community services.

Terms of reference

On 17 March 2005, the Chair of the Standing Committee on Health and Disability made a statement to the Assembly that the Committee had resolved to:

Inquire into, and report on, the current levels of access to safe, secure and affordable housing for people with mental illness, with particular reference to:

1. The flexibility of criteria for gaining access to public housing;
2. Support mechanisms for people who currently live in public housing;
3. Opportunities to involve non-Government stakeholders in the provision of appropriate housing;
4. The feasibility of alternate support-based housing models; and
5. Any other related matter.

The interaction between mental health and insecure accommodation

Appropriate and secure shelter is a basic human need. Homelessness, insecure housing, inappropriate accommodation and unaffordable housing can contribute to the severity and prolongation of existing mental health problems, as well as being a possible factor in the onset of a mental health condition.

Numerous studies and surveys give different estimates of the co-incidence of homelessness and mental illness, usually in the range of 25-75%. The important point is that the data is well replicated - however "mental illness" and "homelessness" are defined. People with mental illness are far more likely than the general population to become homeless or experience housing insecurity, and people who are homeless are far more likely to experience mental health difficulties.

ACTCOSS represents community sector agencies from a large spectrum of services providers. In our contact with our member organisations, housing issues continue to be expressed as a basic problem in addressing social disadvantage. Across the gamut of social difficulties, the provision of secure, affordable and appropriate housing is an essential step in achieving progress in addressing social problems, whether that is in the fields of domestic violence, problematic drug and alcohol use, disability, unemployment, criminogenic behaviours, poverty, or other areas of social marginalisation.

Definitions

ACTCOSS endorses the use of broad definitions of both mental illness and accommodation insecurity. Mental illness should be considered to be a larger phenomenon than simply a collection of diagnosed psychiatric disorders.

In particular, it is important to note that not all people who have a mental illness require support, and that not all people who may require support for mental health issues necessarily consider themselves as mental health consumers. As will be discussed later, the continuing stigma associated with mental illness leads many people who might benefit from mental health support to avoid medicalisation of their issues and the psychiatric profession in particular. Furthermore, clinical definitions are often restrictive, and may exclude marginalised people; for example, the Council to Homeless Persons states:

"The narrow and clinical definition of mental health applied by many mental health services combined with high demand lead to a strict prioritisation of cases and contributes further to people who are homeless experiencing mental illness not receiving treatment and support"

- Council to Homeless Persons (2005), p.7

Similarly, the provision of housing needs to be considered in greater scope than simply avoiding homelessness. While the committee will be aware of the various definitional categories of homelessness, aspects of housing insecurity, inappropriate housing and housing stress also need to be contemplated.

This is of specific interest in the case of people with mental illness as problems may be intermittent. During periods of wellness, mental health consumers may need little support, but during periods where their mental health deteriorates they may become prone to difficulties in maintaining housing tenure, including by sudden changes in income, becoming prone to exploitation by landlords, being unable to complete basic household tasks, and difficulties managing finances including rental payments.

The intermittent nature of mental health issues has important policy implications, particularly for early intervention, continuing support and security of tenure.

Recommendation 1

That the ACT Government uses broad definitions of both Mental Illness and Homelessness in determining policy positions and access to support services and housing

The ACT policy environment

The ACT has a number of strategic policy documents that set out the framework for government policies and actions. Some of these are of particular interest in this context.

The ACT Social Plan

“Building Our Community: The ACT Social Plan” articulates many of the Principles necessary to improve access to safe, secure and affordable housing for people with a mental illness. These goals include:

- Reduce Poverty and exclusion for vulnerable people
- Protect, promote and enhance the rights of all Canberrans
- Promote fairness and understanding
- Promote the inclusion of people with a disability in all areas of the ACT community
- Promote and support the role of carers
- Focus on prevention and early intervention throughout people’s lives
- Improve the good health of the Canberra population and narrow the health gap between the general community and the poor and disadvantaged

- Strengthen the health of the community through a whole of government approach to health issues, together with community partnerships to develop sustainable social care supports
- Improve mental health and reduce barriers facing people with mental health problems
- Increase the supply of public and community housing in the Territory
- Ensure that the type, size and location of housing in the ACT meets the changing needs of the community
- Improve access to quality, affordable and safe housing
- Enhance the provision of specialist housing and support services
- Improve the regulatory regime to enable individual needs to be addressed
- Strengthen the links between crisis accommodation services and long-term housing options
- Reduce homelessness

The ACT Health Action Plan 2002

The ACT Health Action Plan sets out the priorities and aspirations for the ACT Health System. Part Two of the Plan looks at strategic areas of focus, including section A2: Improving mental health. Relevant priorities for action in this section include:

- Early Intervention, including greater emphasis on mental health promotion, illness prevention programs and resilience building
- Dual Diagnosis, including continuation and expansion of the ACT Dual Diagnosis project with specific support services for non-Government agencies
- Discharge, including that discharge procedures and post hospitalisation procedures will be examined and improved to ensure a supportive environment
- Reducing Stigma, including increasing the community's awareness of mental health issues and increase help-seeking behaviour
- Networking, including working towards better networking of public mental health services with private, community and other government services that play a key role in the continuity of care for mental health consumers

The ACT Mental Health Strategy and Action Plan 2003-2008

The Strategy sets out in some detail the proposed strategies and priorities of the ACT Mental Health system, including the 5 Mental Health priorities for the ACT, being:

- Increased emphasis on mental health promotion
- Prevention of mental health problems
- Increased capacity for early intervention
- Access to appropriate, coordinated and quality treatment services; and
- Refining service delivery systems to improve outcomes

In particular, the strategy does specifically mention accommodation issues in section 4.4.7: Ensuring access to appropriate accommodation. The Strategy states:

“It is essential to ensure that the pre-conditions for mental health and recovery are available to consumers as a component of planning for longer term treatment, rehabilitation or recovery. This requires that access is available to a range of accommodation options, including supported accommodation. A key concern in this area is the establishment and maintenance of effective and practical partnerships with organisations that are in a position to provide appropriate accommodation options, including the Department of Disability, Housing and Community Services, and the broad range of community organisations that provide specialist accommodation and support”

[ACT Health (2003), p.54]

Breaking the Cycle: The ACT Homelessness Strategy

In 2004, the Government published its Homelessness Strategy. While the strategy makes frequent references in passing to mental health problems, particularly with regard to single homeless men. In section 4.7 the Homelessness Strategy states:

“In addition to access to SAAP services and suitable housing, people who are homeless or at risk of homelessness often have needs for other support services, similar to other people within our community. These services can include: ... mental health services ... [amongst many others]. There is a need to develop a more coordinated and integrated response with these service systems to respond to homelessness. It is only through the provision of individually tailored supports that people who are homeless will be better placed to maintain independent living in the community.”

[DHCS (2004), p.24]

“Breaking the Cycle” includes only one specific action for addressing mental health issues: “Action 2.4.2: Pilot outreach support for single women with mental health issues leaving supported accommodation” to be completed by June 2004. ACTCOSS understands that this project has been completed and has been continued with government support.

While ACTCOSS welcomes the introduction of these Plans, seeing them as important addition to the ACT Policy environment, they need to be utilised and implemented for any of their excellent intentions to be realised. While policy and services planning has been important step in moving towards improved outcomes for the ACT population, these documents have built expectations from the Canberra community which have not been fulfilled by the resourcing priorities of the ACT Government. A comment by the Mental Health Council of Australia is demonstrative (albeit in reference to a Senate Inquiry)

“It will become apparent to this Inquiry that we are awash with plans, strategies, policies, and guidelines in mental health but not results, evidence of impacts or outcomes”

[MHCA (2005), p.4]

In addition, while both the Homelessness and Mental Health Strategies make reference to each other in passing, and articulate that they are intended to be complementary, it is unclear how this is to be enacted. Cross-referencing in policy documents presents some procedural difficulties: most obviously, because of differences in production times – in this case, the mental health strategic plan was produced a year before the homelessness strategy. However, more could be done to make reference not only to other strategic documents but to articulate the arrangements and actions that might produce useful collaboration between agencies that have overlapping or complementary jurisdictions.

A continuing theme of this submission will be the effects of “siloing”: whereby agencies that have overlapping responsibilities do not cooperate in service delivery effectively. The policy planning process itself exhibits this trait, whereby agencies develop their strategic documents with inadequate collaboration, leading to separate timelines and priorities that make coordinated service delivery all the more difficult.

Recommendation 2

That the ACT Government directs additional resources to ensuring that the ACT Mental Health Strategy and Action Plan and the Homelessness Strategy are implemented in a timely and effective manner

Recommendation 3

That the ACT Government collaborates more widely and utilise the content of related documents during the strategic planning process. In particular, strategies and action plans should seek to articulate methods of interacting with other agencies to produce more effective service delivery

Groups with Special Needs

Indigenous people

In 1997, the then Legislative Assembly Committee Standing Committee on Social Policy tabled a report on Mental Health Services stating that a report of ACT Mental Health services had *“identified a number of service deficits for Aboriginals and Torres Strait Islanders. These include:*

- *a lack of culturally appropriate services;*
- *poor identification of Aboriginal and Torres Strait Islander people accessing ACT Mental Health Services;*
- *barriers to access to the mainstream mental health services such as: culturally inappropriate services; no Aboriginal staff to relate to; and lack of information in the community about available services and their location.”*

[LASCSP (1997), p.47]

The Report went on to say that that:

The Committee believes that there are a number of critical issues which must be addressed when planning and delivering mental health services for this client group. They are:

- *the definition of mental health needs to be addressed from an Aboriginal and Torres Strait Islander cultural point of view, not from a Western medical model;*
- *the role of kin relationships and social relationships and responsibilities in Aboriginal culture;*
- *the impact of kin relationships on funding needs of services;*
- *recognition that a holistic approach needs to be taken to address emotional and social wellbeing;*
- *the accuracy of current data;*
- *the development of a partnership relationship between the ACT Government and Winnunga Nimmityjah Aboriginal Health Service;*
- *the workload of Aboriginal staff in health services;*
- *ensuring cross cultural awareness training develops an understanding by service providers of their own culture and the impact of cultural differences on service delivery; and*
- *the timeframe; the far reaching changes required to address the emotional and social wellbeing of the Aboriginal and Torres Strait Islander people must be considered as a long term plan and realistically could not be accomplished in less than five years.*

[LASCSP (1997), p.48]

Eight years later, ACTCOSS understands that only incremental changes have been made to address these problems, and that the analysis remains as pertinent today as it was then.

Indigenous people continue to have trouble accessing services for both mental health and housing, most particularly because of cultural and communicative barriers faced by individuals. ACT Mental Health still has limited cultural knowledge of indigenous issues, and is unable to approach mental health treatment and support in a manner that aligns with indigenous cultural values. ACTCOSS understands that some ACT agencies, particularly within DHCS, have begun to implement greater cultural awareness training within their organisations, but this remains the exception rather than the rule.

ACTCOSS understands that numerous health, housing, policing and corrections agencies rely heavily on indigenous services to assist in, and in many cases, take on completely, their responsibilities in assisting indigenous people. ACTCOSS has experienced this phenomenon itself: after employing 2 indigenous workers, our staff have had continuous requests for assistance with government activities despite these being outside their core work areas and placing additional strain on their work capacity.

Indigenous consumers of services are also at particular risk of dealing with additional social difficulties, including dual diagnosis, domestic violence, financial difficulties (including housing debts), and face additional barriers to housing security through discriminatory treatment by the private housing sector.

Recommendation 4

That the ACT Government increases indigenous cultural awareness throughout ACT Government, including mental health and housing service providers

Recommendation 5

That the ACT Government increases funding to indigenous organisations to meet the continuing demands placed upon them by Government agencies

Young People

Young People are particularly at risk of both becoming homeless and of experiencing mental health difficulties. Suicide rates remain highest among young people, and poverty, housing stress and homelessness are more prevalent than for their more mature peers.

A report conducted by Shelter WA and the WA Association for Mental Health states that:

“Prevalence of mental health disorders is highest amongst young people. A Research project conducted by the National Youth Coalition for Housing reinforces the notion that factors that place young people at risk of homelessness also place them at risk of mental illness. The project surveyed youth specific SAAP services and found that more than 50% of young people using SAAP services has some form of mental illness with depression being the most frequently reported. Co morbidity (more than one disorder) linked to substance use, self harm, depression, affects of abuse, behaviour issues and identity issues were common.”

[Shelter WA & WAAMH (2001), p.15]

The greater prevalence of both housing insecurity and mental health difficulties among young people needs a targeted response. ACTCOSS understands that the Youth Coalition of the ACT (YCACT) will be making a submission to this inquiry.

Older People

As people age, their mental health can be complicated by the processes of ageing as well as reduced opportunities. Older people generally have lower incomes and need access to affordable accommodation, as well as the support required to maintain independent living. Accessible housing and community contact are both essential to older people’s wellbeing, and government should play a key role in ensuring these opportunities are available.

Carers

Much of the support given to people with a mental illness comes from their immediate families. Carers frequently provide 24 hour support and accommodation for people with a mental illness at all stages of life development, often at no cost to government. It is essential that government supports carers in their often difficult and sometimes thankless task, and ensure that they have the knowledge, support and financial resources to continue their work.

In particular, Government needs to be aware of the situation of young carers, who often miss out on educational and employment opportunities in order to support their older charges, often their parents.

Carers need access to adequate social support, home help, respite care and financial assistance.

Women

A particular problem faced by women far more often than men is the co-existence of mental health problems with issues around domestic violence or sexual abuse or attack. It is essential that these women have access to appropriate support services as well as the ability to be housed in a safe and secure environment.

Women with dependent children, particularly sole parents, face additional stresses, both financial and emotional, and need individualised services provision and attention to their particular needs.

Culturally and Linguistically Diverse People

Language barriers continue to be a concern for people from a non-english speaking background, as do cultural differences in awareness and understanding of mental health issues. In particular, the shame attached to the presence of mental health difficulties remains in many cultural contexts remains a significant barrier that needs additional attention.

Translation services and availability of mental health materials in other languages, including internet resources, would also be of assistance in promoting access to services, including housing services for CALD communities.

Dual Disability

People who have co-existing mental health concerns along with physical disabilities are a particularly disadvantaged group. Greater co-ordination between mental health, disability and housing services would assist in improving outcomes for this group. In addition, improved specialist services for people living with dual disabilities are essential in ensuring that this group of consumers achieves equitable access to service provision.

Problem Gamblers

ACTCOSS understands that people with mental health difficulties are more likely to be prone to problem gambling behaviours, and this can further exacerbate risks of financial problems and loss of housing tenure, among other social effects. Provision of problem gambling counselling services and awareness of problem gambling among both mental health providers and human services workers is necessary for these issues to be recognised and treated, in addition to greater regulation of gambling providers.

People without access to employment

Lack of employment opportunities continues to be a major concern for people experiencing mental health problems, and contributes to both social isolation and loss of housing tenure and financial stress. Mental health consumers continue to suffer discrimination from potential employers who have inadequate knowledge and appreciation of mental health issues, including both the enormous potential of these employees and how to assist them in the workplace with flexible working conditions. Additional employment assistance and employer education would be of assistance in overcoming these barriers to employment.

People on low incomes

Low income individuals and households, including those in low-paid and insecure employment and people receiving government benefits, may face obstacles in maintaining housing security. Given the over-representation of mental health consumers among people on low incomes, income and housing support are crucial to preserving and improving quality of life for this group.

Mental health consumers are at particular risk from the Federal Government's welfare reforms, as substantiating their eligibility for benefits can, in many cases, present a greater challenge than some other forms of disability.

Furthermore, as previously mentioned, mental health consumers can experience alternating periods of illness and recovery, and as a result can experience high variation in incomes, further complicating their interaction with government and eligibility requirements. Governments, both Federal and Territory, need to ensure that their eligibility criteria, whether for income support, housing, or other social services, are flexible enough to accommodate these circumstances.

Dual Diagnosis

As one researcher has commented: "*substance use disorder is the most common and clinically significant co-morbidity among clients with severe mental illnesses*" [Brunette *et al.* (2004)]. ACTCOSS understands that YCACT had covered this issue in greater detail, particularly in light of the differential impact of dual diagnosis on young people, and ACTCOSS endorses their comments and recommendations.

Dual diagnosis represents one of the most important and one of the hardest to solve difficulties in ensuring that people living with mental illness have access to appropriate and affordable housing, particularly in relation to maintaining housing tenure. ACTCOSS believes it warrants close attention by the Committee.

People in contact with the justice system

There continues to be a worrying number of people with mental health difficulties who, as a result of their illness, come into contact with the criminal justice system. Indeed, many people only become aware of their illness through this contact, whereas others have resorted to criminal behaviour simply to get access to effective treatment.

Some commentators have speculated that prisons have effectively become replacement mental health institutions after governments implemented de-institutionalisation policies. While de-institutionalisation is no doubt a step forward in the social awareness of mental health, successive governments have not invested in the social needs of mental health consumers to the extent required to make this extensive policy change an unqualified success.

People affected by mental illness and who become homeless as a result may resort to criminal activity either because of their problems going untreated, or simply to stay alive. As a report commissioned by the Mental Health Foundation (UK) states:

“Criminal activity can be an inevitable and unavoidable consequence of lengthy periods of insecure domicile. It is preferable to see this risk-taking behaviour as something that can be treated, rather than as a dimension of some people’s lives that may be to some extent deliberately chosen.”

[Stephens (2002), p.6]

Ensuring the people affected by mental illness minimise contact with the justice system, and most importantly remain outside correctional facilities, should be an important priority. An essential consideration for this group remains the high incidence of dual diagnoses, further complicating criminal proceedings. Effective treatment and secure housing are, as always, an essential part of the solution.

Recommendation 6

That the Committee and the ACT Government examine the effectiveness of existing mental health and other human services, including housing for people experiencing additional forms of disadvantage, including:

- Indigenous People
- Young People
- Older People
- Carers
- Women
- Culturally and Linguistically Diverse People
- People with a Dual Disability
- Problem Gamblers
- People without access to employment
- People on low incomes
- People with a Dual Diagnosis
- People in contact with the justice system

Stigma

Our society continues to stigmatise and isolate people with mental health difficulties. Descriptions of mental illness are continuously used as pejoratives in everyday language, and the names of mental disorders are frequently misused in public discourse ('schizophrenic', 'manic' and 'split-personality' immediately spring to mind).

The media and entertainment industries persist in portraying people with mental illness as dangerous and criminal, with a host of films and television series using an unflattering portrayal of mental illness as a substitute for drama and excitement. Media outlets play on public ignorance of mental health issues, using phraseology such as 'drug-crazed' or 'insane' to add impact to a story.

In this environment, it is unsurprising that many people do not wish to identify as having a mental illness, or that people will refuse to even acknowledge that their problems in life may stem from difficulties with mental health, let alone seek treatment for them.

This has a number of policy implications. In the first instance, it is essential that Governments continue to play a role, in tandem with community and advocacy organisations, to educate the public about the reality of mental illness. However, the fact that many consumers will not directly engage with the mental health system means that these skills need to be distributed more widely, including in the housing sector. In particular, expanding the capacity of the human services sector to effectively provide social services to mental health consumers is an important step. These issues will be expanded upon later in this submission.

Recommendation 7

That the ACT Government expands community education programs relating to mental health.

PART II: THE HOUSING SECTOR

The Current Housing Environment in the ACT

While it will hardly be news to the Committee, it is important to begin any analysis of housing needs by pointing out that housing affordability has dramatically worsened in the ACT over the past five years or so. This fact has had substantial negative consequences for the ability of disadvantaged people, including mental health consumers, to maintain their quality of life, and has placed an additional financial and emotional burden on them, in some cases resulting in a loss of housing tenure and increasing reliance on welfare, medical and social support.

The recent report tabled in the Legislative Assembly by the Minister for Housing: “Progress on Affordable Housing in the ACT”, gives a snapshot of the housing affordability issues faced by ACT residents. In particular, it shows

- Significant rises in rental costs
- Private rental comprising a very low proportion of low cost housing
- Large increases in house prices
- Decreasing home loan affordability
- Maintenance, but no growth, in the quantity of social housing dwellings
- Reduction in the number of new tenants housed in public housing

While it is true that the ACT has a higher proportion of social housing than other jurisdictions, this is counterweighted by the fact that we have a very low provision of low-cost housing by the private sector. It seems apparent that the private housing market in the ACT is exhibiting clear signs of market failure, in that private market incentives are producing housing stock that is utterly unaffordable for a sizeable proportion of the population.

While the recent “housing boom” has seen a large investment in housing in the ACT, this has not translated into greater provision of affordable housing, particularly in the rental market. Instead, private investment has poured into the top end of the market, resulting in construction of high-cost apartments and large houses, which are unavailable to people on modest incomes, let alone mental health consumers who may rely on public income support or low-paid or part-time work.

This increasingly inequitable provision of housing not only justifies far greater investment in social housing, it also gives reason for pause in the current policy of leaving the bulk of home design and construction decisions in the hands of the developers and builders. There is scope to revisit planning and building regulations, as well as taxation on other financial leveraging possibilities, to give greater direction to the market so as to ensure that the composition of the ACT housing better reflects the needs of its citizenry.

Recommendation 8

That the ACT Government investigates novel methods of ensuring a greater supply of low cost housing in the private market

Housing Insecurity

Mental illness presents a number of challenges in both acquiring and maintaining tenancy. The National Mental Health Working Group notes that:

“Mental Illness can affect basic abilities to access and sustain tenancy – including the ability to work through administrative requirements, such as completing application forms ... [and] The person’s own capacity for independent living may fluctuate and be unpredictable.”

[NMHWG (2003), p.5]

Similarly, events associated with acute mental health problems can further jeopardise tenancies, including admission to hospital for sustained periods. A further consideration is discrimination and/or exploitation by private landlords due to consumers ignorance of their rights under the *Residential Tenancies Act*. However, this is not to say that the individual ability of mental health consumers is the major limiting factor in tenancy acquisition and maintenance. As O’Brien et al state in their report for the Australian Housing and Urban Research Institute:

“The number of people with a psychiatric disability who can be effectively supported to maintain stability in their housing may well be limited more by the supply of both support and housing, rather than the limitations and challenges presented by their illness and resultant disabilities.”

[O’Brien et al (2002), p. xii]

Reducing housing insecurity is a key goal for people living with mental illness. Stable housing provides a foundation on which to build support and emotional stability, leading to improved life outcomes.

An initial need is the provision of an adequate supply of affordable housing as already alluded to above. Investment in social housing, as well as methods of diverting private investment, is crucial in this goal. It is important to note that ACTCOSS supports the current security of tenure provisions for public housing, and this is of particular importance to mental health consumers given the possibility of relapse, despite otherwise being well adjusted or earning a high income.

Moreover, Government could help potential private sector tenants secure tenancies through a private rental brokerage service, either run by government or by funding a community service to do so. This would be particularly useful for clients on public housing waiting lists or within SAAP services.

A further consideration is the family provision of appropriate housing. Where a mental health consumer has the support of well-positioned family members, the provision of purpose built or purchased private accommodation is one option that some carers have taken to assist the independence of their loved ones. However, many family members have been dismayed to find that these investments, despite removing pressure from public housing authorities, continue to attract a range of property taxes, which act as a disincentive for this type of arrangements. Government should give serious consideration to exempt these properties from taxation at a minimum, or better still, provide incentive for families to undertake this step.

Preventing loss of tenancies is another element in addressing housing security. ACT Housing has already implemented some changes to assist in preventing eviction from public and community housing. However, there are further possibilities for a more integrated and extensive risk management strategy, including for the private rental market. The AHURI report goes into some detail on this issue:

“A model for integrating risk management into the service system is proposed, which includes government articulating management of housing risk for people with complex needs as a key objective, developing a policy and procedure, including a framework of housing risk, and funding organisations to take responsibility for housing risk management.”

[O'Brien (2002), p. xi]

Such risk management strategies could be attached to a number of crucial government intervention points, as required, such as:

- when exiting SAAP services
- in response to attendance by the Crisis Assessment and Treatment Team (CATT)
- upon admission or during discharge planning from the Psychiatric Assessment Unit (PSU)
- Upon request or referral by ACT Housing, Government or community organisations

Recommendation 9

That the ACT Government increases investment in social housing

Recommendation 10

That the ACT Government investigates providing a private rental brokerage service for disadvantage people or those at risk of homelessness

Recommendation 11

That the ACT Government investigates exempting family provision of accommodation from property tax and providing further incentives to encourage this investment

Recommendation 12

That the ACT Government provides specific housing risk management services

Appropriate Housing

Ensuring that housing is appropriately sized, located and contains an adequate level of facilities is also essential in maintaining tenure. AHURI notes that mental health consumers should:

“live in housing that they find acceptable, and that does not make it very hard or impossible to manage particular disabilities or manifestations arising from their mental illness.”

[O'Brien (2002), p. x]

In addition to the physical features of housing, it also needs to be well located, particularly *“near informal networks of support or supportive services which they can access, and general amenities. Without this, they are likely to become more isolated and vulnerable to distress”* [Stephens (2002)]. Both these features should be incorporated into purchasing decisions of ACT Housing, and in allocating properties to tenants.

The allocation system itself continues to present problems. The use of segmented waiting lists appears to present the ability for mental health consumers to have priority in receiving public housing assistance, although ACTCOSS is unsure of the extent that consumers are aware of this possibility, or whether they are prepared to disclose their illness in order to receive higher priority. Consumers and their carers have also raised the issue that they are often faced with being forced to continue in a SAAP service or other insecure domicile in order to remain on the waiting list, preventing them from finding improved short-term accommodation which would be more conducive to their mental stability – particularly if this would not be financially sustainable in the long-term.

Recommendation 13

That the ACT Government reviews the social housing stock configuration to increase the availability of housing suitable for people with mental illness

Recommendation 14

That the ACT Government allows public housing applicants to remain on the waiting list whilst utilising alternative short-term accommodation

Alternative Housing Options

Much discussion has focussed on designing alternative living arrangements for people living with mental illness. A quick inspection of the academic literature reveals that there is not complete consensus on what type of living arrangements best support recovery, although most critiques tend toward the view that group living is not optimal. This is particularly the case for people with intellectual disabilities [e.g. Emerson (2004)]. Similarly, NSW Health states that

“Consumers prefer normal living arrangements ... not group homes or other congregated settings”

[NSW Health (2002), p.5 (box)]

However, there is some diversity in mental illness, and it is not clear that this applies to all consumers in all categories. There have been reports that at least some consumers may benefit from communal facilities, in particular from the social contact, empathy and peer support this may provide. Stakeholders have expressed concern at the lack of a supported “step-up” facility in the ACT, pointing out that this is a gap in ACT service provision that would benefit some categories of consumers, at least in the short to medium term until they felt confident in maintaining more independent tenure.

Supported Accommodation

ACTCOSS currently manages the ACT Supported Accommodation Assistance Program Resource and Development Service (SAAP RaDS), which provides support services to SAAP agencies in Canberra. Among other projects, SAAP RaDS is currently developing a protocol between ACT Mental Health and SAAP agencies to ensure better collaboration in assisting mental health consumers who are homeless.

However, one of the most pressing needs of SAAP agencies is the lack of exit points from the sector. Most SAAP agencies are primarily targeted at providing short-term accommodation, yet clients are being forced to remain in these facilities for lack of other options. In addition, SAAP agencies find themselves being asked to provide more services to increasingly complex client needs, when frequently these would be better provided after long-term accommodation had been secured. Recent SAAP data shows that ACT SAAP agencies have the longest service uses periods in the country, and the number of services per client is increasing.

This is a particular concern in the case of mental health consumers. While SAAP agencies necessarily have some in-house expertise in assisting mental health consumers, this is not their primary focus. When consumers are forced to remain in SAAP services for long periods of time this can serve to diminish the available resources to other clients and reduce service availability.

One suggestion for improving service provision in these circumstances is for ACT Mental Health to provide a secondary clinical case management, that is, to provide specialist mental health workers who can liaise with SAAP case workers and provide them additional information and support when dealing with particularly intensive clients. This would maintain continuity of service as well as increase the skillset of SAAP workers and reduce the demands on their resources.

Recommendation 15

That the ACT Government works to provide secondary clinical case management services for the SAAP sector

PART III: MENTAL HEALTH SUPPORT SERVICES

The Social Determinants of Mental Health

Mental Illness is not merely a biological condition. While many mental health issues have biological component in their genesis, all are significantly affected by social and environmental factors in their expression and severity. It is essential for mental health agencies to recognise the extent to which improving the social and living environments of people experiencing mental health difficulties will affect outcomes. In doing so, clinicians and mental health workers need to move beyond a medical model of “treatment” as a simplified solution to mental health needs. While medication and therapy may be components of achieving mental health outcomes, the establishment of suitable living conditions and skills, as well as helping the develop the social and personal relationships of people living with mental health conditions, are essential to a better quality of life and improved outcomes.

However, the ACT mental health system continues to focus its attention and resources on the provision of acute psychiatric care. The Council for Homeless Persons makes the following comment about Australian mental health services:

“A strict intake criteria used by mental health services [is] characterised by a tight mental health definition, severe prioritisation of cases, limited outreach responses and the appearance of an inflexible clinical approach to people with mental health issues which does not appreciate assessments made by homelessness assistance services.”

[Council to Homeless Persons (2005), p.18]

While the provision of acute care services will remain an important element of mental health services in the Territory, this can only ever be a band-aid measure. Increased focus on reducing disadvantage, prevention and early intervention is required to reduce the need for acute services to be provided, and raise the overall level of mental health in the Territory’s population.

The focus on acute care tends to lead to a cycle of mental health problems, where treatment is only received when consumers are at their worst, followed by stabilisation and withdrawal of support. The continued lack of support during and after recovery, and failure to address the underlying social problems that precipitate acute mental health crises then result in further emergencies.

The concentration on acute services, as well as prioritising government support for the most needy can also have perverse effects. By restricting support criteria, consumers effectively face penalties for getting better, because working to address and improve their mental health state will result in the loss of the support they may still need. This disincentive to get well is pervasive amongst government support programs, and may be further exacerbated by the changes to the Federal Disability Pension eligibility criteria.

Secure and affordable housing remains the most basic criterion for long-term progress and stability in managing mental health difficulties. Lack of secure housing, along with other social supports, tends to increase reliance on acute care services, which in turn requires more resources for acute care, thus creating a catch-22 in the mental health system.

Recommendation 16

That the ACT Government increases emphasis and resources on living support, early intervention and prevention strategies for mental health consumers

Social Services and Community Connectivity

Mental health consumers need more than treatment and basic living requirements in order to have fulfilling lives. Providing housing alone is an inadequate response to what can be far more complex and intractable circumstances. The Mental Health Council gives an individual example of the problem from a carer's perspective:

"My son sits alone in a unit with nothing to do, no motivation, no energy and doped up on tranquilisers. I see other people like my son around where I live, who appear lost and lifeless, who roam around aimlessly all day"

[MHCA (2003), p.18]

While housing is a necessary beginning, it needs to be accompanied by support services that build resilience into peoples daily lives, and allow them to connect and interact with their communities. Individuals may need assistance with diverse areas of their lives, including support maintaining tenancies and with living skills, as well as helping them to integrate into the community by building interpersonal skills and providing psycho-social support and opportunities to develop and maintain companionship and friendships.

The Committee's terms of reference specifically mentions "support mechanisms for people who live in public housing", but ACTCOSS would posit that support services need to go beyond this group, and include outreach services and home assistance to people residing in private accommodation or other forms of domicile.

Recommendation 17

That the ACT Government provides greater social support and community interaction programs for mental health consumers.

PART IV: SERVICE DELIVERY

Interagency Co-operation

During discussions in preparing this submission, a broad theme emerged that there was inadequate co-operation between agencies in the planning and provision of care and housing for mental health consumers, in both government and community agencies. Problems include:

- Timing: Different agencies follow independent timelines for the funding of programs and responsiveness to service needs, including the use of multiple waiting lists, making it extremely difficult to provide services in a co-ordinated or collaborative manner
- Eligibility and allocation: Different service types provide different coverage and have differing priorities, meaning that individual consumers may only qualify for a subset of the services they require, or be unable to receive them in an optimal sequence or combination. This ad hoc allocation of service delivery impedes client-centred service provision, and leads to misallocation of resources and inferior outcomes
- Communication: There is inadequate opportunity for service providers to exchange information and become aware of prospects for collaboration. This is particularly the case for case managers.
- Lack of agreements and adherence: There have been reports that agencies are unable or refuse to enter into agreements for co-ordinated service provision, and where these agreements exist, agencies frequently do not abide by their commitments.
- Conflicting models of service delivery: Different agencies often have differing philosophies of how to provide care and the emphasis required, for example, between agencies providing acute care and those with a long-term focus, or between those that emphasise consumer choice and participation and others that do not. This impedes collaboration as methodologies often conflict and can confuse consumers and carers alike.

As previously discussed, mental health consumers frequently need a range of services, and their needs will alter over time and with the severity of their mental health difficulties. The challenge for agencies, whether they are primarily concerned with mental health, housing, or social support, is to effectively co-ordinate their services to meet the best needs of their clients, rather than the often restricted individual concerns of the agency involved.

It should be stressed that this is no easy feat, and that improving the system of care and support will take time, goodwill and no small injection of resources. However, if any progress is to be made, these challenges need to be confronted and addressed.

Some paths for progress may include:

- Identifying priority areas where there is inadequate collaborations and putting in place appropriate agreements
- Formally linking housing provision to support services, whether they are located on-site or elsewhere
- Designing support packages or programs specifically targeted to tenants of low-cost housing
- Providing support and mentoring for the development of partnership arrangements between housing and care organisations

Recommendation 18

That Government investigates and resources new programs and initiatives aimed at increasing agency collaboration in service delivery.

Community-based Service Provision

Community service providers continue to express their frustration with governments and bureaucracies who overlook their skills and downplay their role in providing quality care and support for mental health consumers. Community organisations continually confront an attitude that mental health issues are the sole province of psychiatric and related professions, and consequently resources are directed towards acute care and treatment-only solutions.

At the same time, according to the MHCA,

“NGOs are increasingly being expected to take on broader and more demanding responsibilities of supporting mental health consumers and their carers. However, funding for NGOs has not been commensurate with the increasing demands being placed on them.”

[MHCA (2003), p.17]

There is a wealth of academic research that concludes that community-based treatment with stable, long-term accommodation as a first priority frequently produces superior outcomes to traditional clinical approaches [e.g. Tsemberis et al (2003), Gulcar et al (2003)]. Similarly, a NSW study in service provision for people with mental illness stated that:

“We found that community-based high-support services are succeeding in meeting patients’ needs in most of the 22 domains assessed by the CAN [an evaluation tool], but there should be a greater emphasis on enhancing patients’ social interactions and providing more psychological support.”

[Freeman et al (2004), p.817]

The strengths of community-based service delivery include a number of practical skills and experience which take a more holistic view of assistance than clinicians. The AHURI report makes this comment:

“The role of practical skills development, material aid and emotional support in assisting individuals to achieve independence was highlighted as important, particularly to accommodate fluctuating periods of disability that can set individuals back. The link between important support and sustainable housing is not always found in tangible assistance with housing matters, but in the help that reinforces and assists people to cope with the challenges of daily living and often gradually increases their ability to live independently.”

[AHURI (2002), p. xi]

Recommendation 19

That the ACT Government gives greater attention to community service provision in resource decisions about supporting mental health consumers

Consumer Choice

Central considerations in service provision should be that consumers have both choice in the housing options and services that they receive, as well as maintaining an active role in planning and delivering services across the sector. As the National Mental Health Working Group points out:

“Consumer self-determination has been shown in a number of studies to predict whether or not a person will accept intervention, with many clients who have been previously labelled “uncooperative” shown to be willing to accept help if they view the help as relevant to themselves”

[NMHWG (2003), p. 7]

However, providing choice in housing and service delivery means both ensuring that a number of housing and service provision models are in operation, and that there is some spare capacity in the sector to ensure that choice is meaningful.

Recommendation 20

That the ACT Government seek to ensure that individual consumers have the option of choosing appropriate housing and treatment services, and that consumer organisations have meaningful input into planning and delivery of services.

References

- ACT Health (2002). *ACT Health Action Plan*.
<http://health.act.gov.au/c/health?a=sendfile&ft=p&fid=1073873667&sid=>
- ACT Health (2003). *ACT Mental Health Strategy and Action Plan 2003-2008*.
<http://health.act.gov.au/c/health?a=sendfile&ft=p&fid=1085103936&sid=>
- Australian Capital Territory (2004). *Building Our Community: The ACT Social Plan*. ISBN 0 642 60263 8, Produced by Publishing Services for the Policy Group, Chief Minister's Department, Canberra.
- ACT Government (2005). *Progress on Affordable Housing in the ACT: Report to the ACT Legislative Assembly*.
- Brunette, M.F.; Mueser, K.T.; Drake, R.E. (2004). *A review of research on residential programs for people with severe mental illness and co-occurring substance use disorders*. Drug and Alcohol Review. 23, pp. 471-481
- Council to Homeless Persons (2005). *Submission by the Council to Homeless Persons to the Senate Select Committee on Mental Health*.
http://www.chp.org.au/public_library/items/2005/05/00068-upload-00001.doc
- Department of Disability, Housing and Community Services (DHCS) (2004). *Breaking the Cycle: The ACT Homelessness Strategy*.
<http://www.dhcs.act.gov.au/hcs/Services/Homelessness/BreakingCycleHomelessness.pdf>
- Emerson, E. (2004). *Cluster housing for adults with intellectual disabilities*. Journal of Intellectual and Developmental Disability. 29, 3, pp. 187-197.
- Gulcar, L; Stefancic, A; Shinn, M; Tsemberis, S and Fischer, S.N. (2003). *Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programs*. Journal of Community and Applied Social Psychology. 13: 171-186.
- Freeman, A; Malone, J and Hunt, G.E. (2002). *A statewide survey of high-support services for people with chronic mental illness: assessment of needs for care, level of functioning and satisfaction*. Australian and New Zealand Journal of Psychiatry 28: 811-818.
- Legislative Assembly Standing Committee on Social Policy (LASCSP) (1997). *Report on the Inquiry into the Adequacy of Mental Health Services*.
- Mental Health Council of Australia (MCHA) (2003). *Out of Hospital, Out of Mind! A Report Detailing Mental Health Services in Australia in 2002 and Community Priorities for National Mental Health Policy for 2003-2008*.
- Mental Health Council of Australia (MHCA) (2005). *Submission to the Senate Select Committee on Mental Health: It is not a failure of policy, it is a failure of implementation and delivery*.
<http://www.mhca.com.au/documents/MHCASub-SenateInquiryintoMentalHealth.pdf>

- National Mental Health Working Group (NMHWG) (2003). *Homelessness and Mental Illness: Bridging the Gap: Discussion Paper*.
- O'Brein, A; Inglis, S; Herbert, T and Reynolds, A (2002). *Linkages between housing and support – what is important from the perspective of people living with a mental illness*. Australian Housing and Urban Research Institute.
- Shelter WA & Western Australian Association for Mental Health (WAAMH) (2001). Final Report: Housing Needs of People Affected by Mental Health Problems: Perth.
http://www.shelterwa.org.au/publications/housing_forums/mental_health.pdf
- Stephens, J.; Barnardos (2002). *The Mental Health Needs of Homeless Young People. Bright Futures: Working with Vulnerable Young People*. A report commissioned by the Mental Health Foundation. Roath, Cardiff, United Kingdom.
- Tsemberis, S; Moran, L; Shinn, M; Asmussen, S.M.; Shern, D.L. (2003). *Consumer Preference Programs for Individuals who are Homeless and have Psychiatric Disabilities: A drop-In Centre and a Supported Housing Program*. American Journal of Community Psychology 32, 3/4, pp. 305-317.