CANBERRA SCHIZOPHRENIA FELLOWSHIP

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Canberra **S**upporting **F**amilies - **support, education and advocacy**

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The Secretary
Standing Committee on Health and Disability
Inquiry into Housing for People Living with a Mental Illness
ACT Legislative Assembly

Access to Appropriate Housing

As a community-based, volunteer-resourced, non-profit organization, the Fellowship seeks to provide effective assistance to people affected by serious mental illness. It does this by providing direct support, information and advocacy. It also contributes more generally through its cooperation with national and intra-national organizations with similar goals. Its efforts are not confined to those living with schizophrenia.

The CSF's volunteers manage a number of core programs:

(1) A Vocational Rehabilitation Program, staffed and operated under a service provider agreement with the ACT Government;

(2) A Consumer Support Program, for patients at the Canberra Hospital's Psychiatric Services Unit, securing for them personal necessities urgently required;

(3) A Telephone Assistance Program, for people who are seeking information or advice to deal with a pressing issue relating to mental illness;

(4) Programs aimed at better informing members and the wider public on issues associated with promoting awareness, understanding, self-help, and improved management of mental illness: a monthly newsletter, monthly public meetings with guest speakers/facilitators; and organising events for Schizophrenia Awareness Week.

The direct experience of Fellowship members, and their direct contact with others that is gained through its core programs, provides the context in which the CSF is making this submission, which has been prepared in consultation with the Richmond Fellowship.

Recovery from the Impact of Serious Mental Illness

It is hard to imagine the damage done to people when they crash - lives turned upside down - due to a mental illness. The longer-term effects are more serious if, as is the case with many young people, they have not already acquired basic social, vocational and domestic life skills.

Young people who crash and lose years out of the normal learning process are faced with major social and occupational deficits, as well as the ongoing disabilities due to their illness and its medication. Their whole future depends on coordinated recovery initiatives- to tackle those deficits and disabilities in order for them to acquire the skills and self-confidence to live a satisfying life in the community.

That recovery process, with its uncertain ups and downs, needs to start at the stage of initial psychiatric treatment by either individual practitioners or units, by means of planned social and intellectual activity. It needs to continue in supported housing and occupational training with the clear objective of preparing the individual for a return to independent living to the extent possible.

The Fellowship considers that far too little support by government authorities is made available for early and ongoing rehabilitation. All too often people are left to drift. The Fellowship **recommends** that the Inquiry examines the question of appropriate housing, especially in the case of young people, in the dynamic context of a recovery process with its differing stages and types of housing need.

Support Mechanisms

In the past it was the Housing Trust's lack of sensitivity [amounting sometimes to brutality] toward its tenants who were living with mental illness, that caused major difficulties for them and for their families. This is no longer a problem where the landlord function for such tenancies has been delegated to specialist community organizations, with separate support providers [eg the CAN Program operated by Havelock House and Richmond Fellowship]. The problem now is the virtual impossibility of anyone getting into public housing unless they are in a state of crisis. This is clearly neither in the individual's interest, nor the interest of the wider community.

In this environment of chronic shortage, much depends on the ability of community organizations to secure the head tenancy for new housing units ***and*** to get the funding to support their particular needs group. Past failures by the respective arms of government to coordinate these two items have, for example, prevented the Richmond Fellowship from taking on more housing units for more people recovering from mental illness.

Supported housing needs suitably qualified people to give that support, and in this field of expanding need suitably qualified people are in very short supply. It is therefore **recommended** that the Inquiry draws attention to this problem and the need for more graduates from appropriate training courses.

Alternate Models of Supported Housing

Canberra has major gaps in the types of accommodation needed to facilitate recovery toward independent living, under the varied circumstances and conditions faced by people living with mental illness. For example:

- Boarding house life suits people who can be largely independent but needclose social support;
- Cluster housing suits those people who want to, and can, live independently but who nevertheless need easy social access to supportive peers;
- Severely disabled older people need high levels of support in long-term accommodation;
- Younger severely disabled people who are not ready to be housed in the community need the kind of environment offered by the Brian Hennessy Rehabilitation Centre;
- Young people disabled by substance abuse as well as a mental illness have specific counseling needs, deliverable in a group housing environment;
- Sometimes people on low incomes have disturbing domestic conditions they cannot get away from [by taking a holiday away from Canberra] but would be helped by a respite care bed, such as at Warren I'Anson House.

Another model of supported housing is that provided by the family of a person living with mental illness. This is very often in the family home, but can only be a temporary solution with ageing carers. In the current climate of shortage, which seems likely to continue for many years, families are looking to a longer-term solution by buying a unit or house for a family member living with a mental disorder. However, such accommodation is treated by the government as a rental property and the family is required to pay land tax.

- There needs to be a way around such penalties, so as not to discourage private solutions to what would otherwise become an additional demand on scarce public housing.
- Requests for an exception to liability for land tax in such cases could be assessed and a decision made annually, where appropriate, and desirably by an agency other than the land tax office, to compensate the owner.

Recommendations

It is **recommended:**

(1) that the Inquiry seeks a proper examination of the housing models put to it by organizations that have the knowledge and proven track record to be confident as to what models they can operate for the benefit of prospective occupants.

(2) that administrative and other disincentives and outright barriers to the private provision of housing for people living with a mental illness be identified and ways found to remove them.

(3) that people in privately provided housing receive professional support according to need, on the same basis as those in public schemes.

Concluding Comment

The need for appropriate and accessible housing will continue to escalate, because of the increasing incidence of mental disorders among young people and disturbed behaviour which is often associated with substance abuse.[1]

Urgent action is needed to deal with Canberra's current public housing deficits, to meet this community need. Failure to do so will add substantially to the ACT budget's costs due to increased calls on medical treatment and the justice system.

A nationwide study of the costs of schizophrenia has estimated that national savings over the next decade, from cost-effective actions for schizophrenia alone, will amount to one billion dollars.[2]

Yours sincerely

Ian Morison
President

[1] "Australian mental health reform; time for real outcomes", ***Medical Journal of Australia***, 18 April 2005.

[2] ***Schizophrenia:Costs. An analysis of the burden of schizophrenia and related suicide in Australia***. An Access Economics Report for SANE Australia, 2002.