



Carers ACT

ABN 99 732 929 957

	A.C.T. LEGISLATIVE ASSEMBLY COMMITTEE OFFICE
SUBMISSION NUMBER	Nº 3
DATE AUTH'D FOR PUBLICATION	3/8/05



Ms Trish Carling
Secretary
Standing Committee on Health and Disability
ACT Legislative Assembly
GPO Box 1020
CANBERRA ACT 2601

SUBMISSION TO ACT LEGISLATIVE ASSEMBLY INQUIRY INTO APPROPRIATE HOUSING FOR PEOPLE LIVING WITH MENTAL ILLNESS

Dear Ms Carling

Thank you for your invitation of 26 April 2005 seeking a submission from Carers ACT to the above Inquiry. Carers ACT provide information, counselling, education, support and respite for people who provide or have provided unpaid care and support to people with needs associated with disability, ageing, ongoing physical and/or mental illness. We consider access to appropriate housing to be essential to the holistic care of people with a mental illness and their families, and therefore consider this to be a particularly important area for the Standing Committee's attention. We have pleasure in submitting the following comments.

Flexibility of criteria for gaining access to public housing

Carers ACT has experience in supporting carers to access priority public housing. On the whole this experience has been positive with carers receiving prompt attention to their applications and usually success in moving up the priority list. It would assist us in this regard if ACT Housing were to provide us with feedback about the utility of the information we provide in determining applications for priority housing.

Support mechanisms for people who currently live in public housing

Based on carer feedback, Carers ACT strongly believes that support mechanisms need to be developed which treat individuals as part of a wider system involving families, the local community and governments. Long-term caring often leads to social isolation, with high rates of family break down and decaying of friendship networks.

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Commonwealth Carer Resource Centre 1800 242 636*

Commonwealth Carer Respite Centre 1800 059 059*

An Australian Government Initiative

*Free local call except mobile phones. Mobile phones at mobile rates.

This is particularly a problem for ageing parent carers who are no longer part of the formal workforce, and for carers from culturally and linguistically diverse backgrounds. In this context, we strongly support phasing out bedsitter accommodation which actively promotes social isolation and therefore compromises mental health.

We consider that case management of people with a mental illness, and their families, living in public or community housing would be enhanced by development of partnerships between ACT Housing and ACT Mental Health which focused on coordinated care and review. Such a model might include dedicated ACT Housing support workers partnering Mental Health case managers to jointly help manage day to day activities such as housework, budgeting and paying bills/rent, planning meals and shopping, developing social or leisure interests and providing general emotional support. In addition, many carers do not have knowledge of support for which they are eligible, including respite, community care and Centrelink entitlements. The above model offers another conduit to make this information available.

Alternate support-based housing models

We consider that continuity of housing options is also critical to maintain the caring role in the longer term, particularly for ageing carers. An issue of particular concern to ageing parents of children with mental disabilities is the care options for their children after the parents have died or are no longer capable of caring. Typically, long-term carers have experienced extra physical and emotional stress as a result of their caring role, often leading to a greater than usual decline in health as they age. Many ageing parent carers report that declining health interferes to some extent with their normal activities and that they find it increasingly difficult to manage physically. In addition, the fact that they are constantly focusing on the needs of others often means that they neglect their own health, leading to further decline.

We believe the Standing Committee could usefully consider an accommodation model proposed by one such carer whereby parents move with their children with mental disabilities into a combined aged care/disability complex once the family is no longer able to live at home. Initially such accommodation would allow parents and children to live together in supported accommodation, and later when the parents became unable to care for the child, the parents would move into hostel or nursing home-style accommodation with the child moving to supported accommodation separate from, but co-located with the parent's accommodation.

Many Aboriginal and Torres Strait Islander carers and carers from cultural and linguistic diverse backgrounds are similarly concerned about finding accommodation for their son or daughter that is culturally suitable. Many Aboriginal and Torres Strait Islander carers would prefer their son or daughter to be cared for by their people who have experienced their problems and are interested in looking after their people.

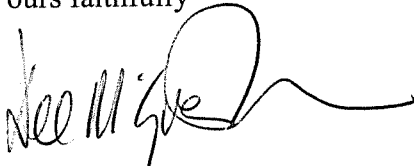
Carers from culturally and linguistically diverse backgrounds are also concerned about finding culturally suitable accommodation, as most of the accommodation available to people with disabilities is provided as part of mainstream services that

cater primarily for people from Anglo-Australian backgrounds. We believe that alternate support-based housing models must take account of these needs.

Finally, we suggest that tax incentives be used to encourage provision of more appropriate housing for people with a mental illness. For example, we are aware of one carer who recently used most of her superannuation to build a home for her daughter with mental illness, but was required to pay a number of taxes in addition to the full building costs.

Thank you again for the opportunity to contribute to this Inquiry.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Dee McGrath', with a long, sweeping horizontal line extending to the right.

Dee McGrath
Executive Director

27 June 2005