



MENTAL ILLNESS FELLOWSHIP of Australia Inc

HOUSING AND SUPPORT – challenges for the future

Paper 1 in a Series of 5 Position Papers to raise awareness of the needs of people with a mental illness in Australia.

For more information and a summary of all 5 papers, (40,000 people missing out on mental health services) visit the MIFA website www.mifa.org.au

The Members of MIFA are the:

- *Schizophrenia Fellowship of New South Wales*
- *Mental Illness Fellowship of North Queensland*
- *Mental Illness Fellowship of Queensland*
- *Mental Illness Fellowship Victoria*
- *Mental Health Carers Northern Territory*
- *Mental Illness Fellowship of South Australia*
- *Mental Illness Fellowship of Western Australia*
- *ARAFMI Tasmania*

Combined, these organisations have fifteen thousand members, many of which are family or corporate members and therefore represent many more people than the membership number.

From the President

The Mental Illness Fellowship of Australia (MIFA) is a not-for-profit coalition of mental health organisations that supports people with serious mental illnesses, their families and friends. Such illnesses include schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorders and anxiety disorders. MIFA is committed to maximising opportunities for recovery through hope, choice and improved capacity for decision making for all people affected by serious mental illness.

MIFA is the largest grass-roots organisation in mental health in Australia with in excess of 15,000 members within its eight member organisations. The majority of members are consumers and carers with approximately 20% of membership being organisations, mental health services, health professionals and others.

The role of community based service providers is to work with and support people with mental illness to self manage their illness and to be active in their own recovery, acknowledging that each person's journey of recovery is a personal process.

In 2007, MIFA undertook the "Australians Talk Mental Illness" survey. We received more than 2,000 responses from people with mental illness, family members and carers, other members of the State and Territory organisations and medical professionals.

The responses presented a compelling snapshot of the experiences, opinions and feelings that a variety of Australians have towards mental health issues. The key Federal issues identified included:

- **Appropriate housing and support;**
- **Consumer and carer education and support;**
- **Social security impacts on consumers and carers;**
- **Employment opportunities; and**
- **Research to develop evidence based service models delivered in the community.**

In 2010 MIFA has commissioned research to provide an update of the issues identified in the survey of 2007. The result is a series of 5 position papers which are available on the MIFA website.

The papers also seek to identify progress in these priority areas since the last federal election and those matters that require urgent action, some outstanding for many years.

We need fundamental reforms and increased investment across all sectors involved in supporting people with mental illness if we are to better meet the needs of Australians with a mental illness, their family members, friends and carers.

The Governments own estimates are that more than 50,000 Australians with severe and persistent mental illness urgently require support from community mental health services.

In the last three years, new funds obtained through the COAG initiatives appear to have reached 10,000 people, 40,000 Australians are still waiting.



ROB KNOWLES
CHAIRPERSON MIFA

THE FACTS

1. 70.1% of respondents to the MIFA “Australians Talk Mental Illness” survey identified housing and housing support for people with mental illness as a key issue. This was followed by employment and employment support (60.1%), consumer and carer education and support (48.6%), the need for more research (45.8%) and issues pertaining to social security (45.5%).
2. 57.9% of respondents to a recent Queensland based survey identified that their preferred mode of living was “independent housing with external supports” while 18.4% of respondents identified “cluster accommodation” to be their preference, which reinforces the need for a range of accommodation options.¹
3. In Australia, mental disorders had the highest burden of disease and injury for people aged 0- 44 years compared to any other causes.²
4. For all age groups, mental disorders are the third highest cause of burden of disease and injury in Australia (13%), with the two highest being cancers (19%) and cardiovascular illnesses (18%).
5. Most of the disease burden for a person with cancer or cardiovascular disease is due to premature death. However, for people with a mental illness it is the result of living for years with disability resulting directly from their mental illness, and associated physical disabilities, particularly those arising from lack of physical activity, poor diet and tobacco use.
6. In Australia, it is estimated that of the 16 million people aged 16–85 years, approximately half (7.3m people) will experience a mental disorder in their lifetime and one in five Australians (20% or 3.2m people) had a mental health disorder in the last 12 months.³
7. In Australia, mental disorders are more common in people who have experience of being homeless⁴, unemployed or in prison and are frequently undiagnosed and untreated.
8. Unemployed Australians have high rates of mental disorder, a prevalence rate of 26% for unemployed men and 34% for women.
9. Estimates of the annual costs of the productivity losses attributable to unemployed people with a mental illness range from \$10 to \$15 billion.⁵
10. People with a mental illness are very frequent users of hospital-based mental health facilities and are often caught in a cycle of readmissions and ongoing social exclusion,⁶ often leading to homelessness.⁷ What may be seen as expensive community housing options are in fact mostly less expensive than the institutional care alternatives.
11. It is estimated that 2.6 million people in Australia are providing 1.2 billion hours of care per annum for people who need assistance due to physical, intellectual or psychiatric disability, chronic illness or old age, conservatively saving the economy \$16 billion dollars annually.⁸

HOUSING AND SUPPORT

Overview of issues

The lack of appropriate housing and housing support is one of the major obstacles to a person's recovery from mental illness and maintenance of their mental health. It often causes homelessness or places people at risk of homelessness, thereby increasing the risk of relapse and expensive hospital based treatment.

Ensuring that people have affordable, secure housing and the support they need to maintain their housing should be viewed as a fundamental right of every person with a mental illness.

We know that stable housing makes a significant difference to the wellbeing of people with a mental illness, often "building the foundation for managing their psychiatric disability and consequently their ability to cope with day to day life".⁹

The barriers to stable accommodation for people with a mental illness include, housing affordability, a limited private rental market, discrimination faced in obtaining rental properties, long public housing waiting lists and insufficient ongoing support.¹⁰

The two major factors that contribute to the maintenance of stable housing for people with a mental illness are ***access to affordable and appropriate housing and individually tailored ongoing support.***

In the first instance, the type of housing needs to be the choice of the person, as we know that many adults with a mental illness prefer to live independently rather than in a group home, with the least preferred housing options being shelters, crisis accommodation and hospitalisation.¹⁰

There are several other options which people have indicated as a reasonable choice, including some types of boarding houses or group accommodation. However, while it is recognised that group housing may be cheaper for government, cost should not be the driver for the development of housing options.

Housing support includes access to well coordinated psychosocial rehabilitation, psychiatric disability and clinical support services. People with a mental illness can live successfully when they have access to appropriate housing and support that is tailored to their specific needs and aspirations.⁹

This Position Paper outlines a range of challenges for the future. The top three priorities are:

- **A commitment from all parties in Government to halve homelessness of people with a mental illness by 2020 and to increase investment in programs specifically targeted to this population group.**
- **A commitment from governments to an increased investment in the housing options preferred by consumers and supported by evidence.**
- **A commitment to supporting a range of housing options as part of a comprehensive psycho-social rehabilitation approach.**

A NATIONAL HOUSING AND SUPPORT AGENDA FOR PEOPLE WITH MENTAL ILLNESS

In December 2008, the Australian Government released its White Paper on Homelessness: *The Road Home*. The White Paper sets an ambitious target to halve homelessness by 2020 and identified that 105,000 Australians are homeless on any given night.¹¹

The Road Home identified that people with a mental illness are a significant population group amongst homeless people and people who are at risk of homelessness.

In 2007, it was estimated that 54% of people who have been homeless had a mental disorder within the past 12 months³ however, the prevalence rate could be as high as 75%.¹²

While there are a number of initiatives contained in *The Road Home*, the only program that specifically targets people with a mental illness is the Personal Helpers and Mentors Program (PHaMs).

PHaMs is demonstrating a number of very promising early outcomes. However, it is not highly focused on homelessness. As at December 2009, 6,656 Australians had been assisted by the Program, however only 660 were homeless or at risk of homelessness.¹³ Additional programs with this specific emphasis are urgently needed, particularly in the light of the larger costs of emergency, correctional, legal, and other systems that homeless people will access.

More work needs to be done, and a greater investment is needed to ensure that people with a mental illness have access to affordable housing and the individual ongoing support that they need to maintain their housing tenure. Despite the increase in focus on homelessness and the acknowledgement by governments of

the significant link between homelessness and mental illness, there are no targets or interim targets in *The Road Home* relating specifically to people with a mental illness.

Furthermore, the Fourth National Mental Health Plan also identifies housing as a significant issue but as yet targets have not been set by government to measure increased access to housing or housing support.⁵

There needs to be a greater focus on housing and support for people with a mental illness through the development of specific COAG endorsed targets to measure performance at the State/Territory and National levels

WHAT AUSTRALIA NEEDS

- **A commitment from all parties in Government to halve homelessness of people with a mental illness by 2020 and to increase investment in programs specifically targeted to this population group.**
- **The development of a *National Housing and Support Agenda for People with a Mental Illness* that is linked to the Fourth National Mental Health Plan and *The Road Home*.**

DEDICATED HOUSING AND EXPANDED HOUSING OPTIONS

We know that secure tenancy is a fundamental building block for recovery and the ongoing good health and wellbeing of people with a mental illness.

Unfortunately there are numerous barriers to stable accommodation for people with a mental illness. These include housing affordability, a limited private rental market, discrimination in obtaining rental properties and long public housing waiting lists.¹⁰

The private rental sector is becoming increasingly expensive and people are being priced out of the market. People in stable housing often find that they can no longer afford their housing due to rent rises. The National Rental Affordability Scheme which commenced in July 2008 is one method that the government has used to expand the number of affordable rental properties in the market by up to 50,000 through stimulating the building of suitable accommodation in identified locations.

Changes to government policy can have unintended consequences for tenancies. A well-known example is the 1996 rental allowance policy, which led to a major reduction in capital funds available for the development of new housing, which in turn adversely affected tenancy, both because of shortages and through rent rises actually driven by the allowance.

Initial recovery steps such as the commencement of employment can also be a vulnerable time that puts people's tenancy at risk, because of the threat of a reduction or loss of rental assistance.

In addition, systems need linking to ensure that a person's tenancy is not lost, for example, through non-payment of rent if a person becomes ill.

HOUSING MODELS

The accommodation types traditionally available to people with a mental illness have included institutional accommodation such as long stay wards in large psychiatric hospitals, hostels and boarding houses, emergency accommodation and shelters.

These types of accommodation often result in lack of secure tenure, little privacy, shared facilities and poor living conditions. They may also foster a sense of dependency¹⁰ and result in less access to social support, meaningful activity and work.¹⁴

One of the most important factors that contribute to the maintenance of stable housing for people with a mental illness is the provision of housing that is “acceptable” to the person.

Like most other people in the community it is not surprising that given a choice, most people with a severe mental illness prefer to reside in their own home.¹⁴ They prefer to live on their own or with someone of their choice.¹⁰

There needs to be a mix of housing arrangements for people with a mental illness to best meet their changing needs over time throughout their recovery journey.

WHAT AUSTRALIA NEEDS

- **An increase in housing stock that is commensurate with the number of people with a mental illness and rental assistance that keeps pace with higher rental costs.**
- **A commitment from governments to increase investment in the housing options preferred by consumers and supported by evidence.**

INDIVIDUALLY TAILORED SUPPORT

Ongoing personal support is essential to many people with a mental illness in their effort to maintain their housing.¹⁰

The type of assistance required includes support to develop the life skills to maintain their house, their health and wellbeing. People also need support to understand and manage some of the risks involved in maintaining their housing stability.⁹

The types of support needed by people with a mental illness to manage these risks include:

- Support to develop the skills to manage their finances to ensure that rent is paid and other associated housing expenses are met;
- Assistance to develop strategies to deal with issues with landlords or neighbours; and
- Support to better understand their mental illness in order to know what to do when experiencing problems with treatment, medication or other supports, as these circumstances may jeopardise housing tenure.

Reducing the risks of housing instability involves a well-coordinated and tailored response from multiple agencies providing services in the areas of housing, support, psychosocial rehabilitation, psychiatric disability support, clinical mental health services and drug and alcohol services.

In addition, specialised housing programs need to be funded at an appropriate level to enable workers to conduct activities that encourage recovery, regardless of whether a person is in short term or long term housing.

The Mental Health Council of Australia¹² gives a number of examples of sustainable housing and support models that provide consumer choice. These include programs that provide:

- Integrated levels of support across a range of sectors;
- Supported housing;
- Assertive outreach to homeless populations;
- Home based outreach models; and
- Programs that support private rental partnerships.

There must be an increased investment in support and programs that are cost effective and evidence based in order to improve the long term housing outcomes for people with a mental illness.

WHAT AUSTRALIA NEEDS

- **Increased investment in housing support models (e.g. 'wrapped services') that assist people to manage the risks to housing stability.**
- **A collaborative linked system across programs and agencies that provide housing, housing support, psychosocial rehabilitation, psychiatric disability and clinical services.**
- **A commitment to funding specialised housing programs at an appropriate level to enable workers to support people within a recovery approach.**

INCREASED COMMITMENT TO RECOVERY

The concept of a recovery focus has been promoted for many years. However, until recently a common underlying premise of mental health services was that a person with a chronic mental illness could only progress to a state of stability, but not recover to the extent that they have a life with meaning despite their mental illness.

‘Recovery’ used in this sense is about people with a mental illness regaining control of their lives through a positive sense of self, despite any limitations resulting from the person’s mental illness. A key aspect of the recovery approach is the premise that each person’s journey of recovery is a personal process and will be unique to them. Thus it is essential that support is tailored to individual needs.

A recovery-orientated service is one that incorporates the attitude that recovery, to full personhood, is possible. This involves all workers promoting hope, healing, empowerment and connection.¹⁵

To support people to self-manage their mental illness and be active in their own recovery means that there must be a strong emphasis on supporting people to access appropriate housing and achieve their education, employment, social, recreational and other goals.¹⁶

Today the concept of recovery is well researched and has been widely adopted by service providers within the non-government mental health sector nationally and internationally but not by all service providers working with people with a mental illness.

It is imperative that everyone working with people with a mental illness understands the concept and principles of recovery so that they can better support people to meet their goals. This includes people working in housing, and people working in home and community care programs.

WHAT AUSTRALIA NEEDS

- **Training for all housing support providers, including SAAP and HACC workers about mental health issues and the principles of recovery.**

IMPROVED DISCHARGE PLANNING

A study conducted by the Australian Housing and Urban Research Institute⁷ found that hospital staff often do not actively engage with people with a mental illness about where they are going to be staying after they are discharged from hospital.

This has resulted in a number of people living on the streets immediately after hospital discharge and a majority moving to inner-city areas. This also occurs for people who have been in prison.

Without an adequate supply of housing options and support for people being discharged from institutions, they face extensive delays in discharge, often followed by a high risk of homelessness.¹²

The National Mental Health Standards require continuity of care between inpatient and community settings and the involvement of carers in admission and discharge planning. Clearly these are not yet standard practices, and need to be.

Effective discharge planning should enable a seamless transition to stable housing. Elements to effective discharge planning from institutions, such as hospitals and prisons include:^{17 12 18}

- Commencing the process as soon as possible after admission;
- Engaging key staff, consumers, families and other primary carers, clinicians and support agencies in discharge planning;
- Tailoring the plan to the unique needs of the individual. This may include housing, health care, medication, income and finances, education and employment, entitlements, personal support and life skills;

- Ensuring consistent senior level and stakeholder support throughout the discharge process;
- Addressing all the person's needs across multiple systems that are well coordinated; and
- Ensuring that the discharge plans are practical and realistic and maximize available community resources for the benefit of the person.

WHAT AUSTRALIA NEEDS

- **An adequate supply of appropriate housing options and support for people who are being discharged from institutions.**
- **Improved discharge planning from institutions, such as hospitals and prisons to reduce the risk of homelessness for people with mental illness.**

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