chp

council
to homeless
persons

Council to Homeless Persons – Messaging guide to the Royal Commission into Mental Health; Housing, homelessness and mental health

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Introduction

What is this guide?

The upcoming Royal Commission into Victoria's Mental Health System will see submissions from a range of health and human service organisations.

Individuals and organisations may want to use their submission to highlight the importance of stable, adequate, affordable, and available housing in preventing mental ill-health, achieving positive treatment outcomes, and sustaining mental health gains into the future.

This guide provides some language and supporting evidence that can be copied or adapted for your submission to the Royal Commission into Victoria's Mental Health System.

We invite you to copy whatever is useful to you, change anything that can be adapted to better represent your needs, and disregard anything that isn't relevant to you.

This guide is designed to help you quickly and easily convey your concerns about housing, homelessness and Victoria's mental health system to enable you to position these concerns alongside the matters on which you are expert.

Council to Homeless Persons

Council to Homeless Persons (CHP) is the peak Victorian body representing organisations and individuals with a commitment to ending homelessness. CHP works to end homelessness through leadership in policy development, advocacy, capacity building and consumer participation.

Severe mental illness, poverty and housing.

Mental health and poverty

Mental illness is a direct cause of poverty for many people. Poor mental health is strongly associated with reduced employment[1], and 34 per cent of those receiving the Disability Support Pension are doing so due to mental illness[2]. Many other people experiencing significant mental illnesses receive the lower Newstart Allowance. The Disability Support Pension is just 28 per cent of the average adult full time earnings, while Newstart is just 17 per cent[3] [4]. Such low rates of payment leave many people living in poverty[5].

Affordability, Centrelink and social housing

The private rental market has very few options for people living in poverty, including many people whose poverty results from mental ill-health. Across all of metropolitan Melbourne there were just 35 rental properties let in the March quarter that would have been affordable to a single person on Newstart[6], and just 148 across the entire state. This continues a prolonged downward trend of unaffordability[7].

Even those few properties that are affordable to a person on a Centrelink income are likely to be leased to households on higher incomes[8]. Ensuring that housing is available and affordable to those who need it most will require Governments to invest directly in housing. Given that there are already 75,000

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[1] Frijters, P., Johnston, D.W. and Shields, M.A., 2014, *The effect of mental health on employment: evidence from Australian panel data*, Health Economics, vol. 23, no. 9, pp. 1058–1071

[2] Productivity Commission, 2019, *The Social and Economic Benefits of Improving Mental Health; Productivity Commission Issues Paper*, p.19

[3] Both figures inclusive of the energy supplement, Disability Support Pension inclusive of the Pension Supplement. Both figures calculated at the maximum rate for a single person.

[4] Australian Bureau of Statistics, 2019, *6302.0 - Average Weekly Earnings, Australia, Nov 2018*

[5] Davidson, P., Saunders, P., Bradbury, B. and Wong, M., 2018, *Poverty in Australia, 2018*. ACOSS/UNSW Poverty, pp. 48-50.
and Inequality Partnership Report No. 2, Sydney: ACOSS

[6] Victorian Government Department of Health and Human Services, 2019, *Rental Report March Quarter 2019,* p.19

[7] Victorian Government Department of Health and Human Services, 2019, *Rental Report March Quarter 2019; Affordable lettings by local government area – March quarter 2019* available at < https://dhhs.vic.gov.au/publications/rental-report>

[8] . Hulse, K., Reynolds, M., Stone, W. and Yates, J., 2015, Supply shortages and affordability outcomes in the private rental sector: short and longer term trends, AHURI Final Report No.241. Melbourne: Australian Housing and Urban Research Institute, p.26

– 100,000 at-risk households who do not have access to affordable housing, an immediate investment in social housing is required, as well as strategies to provide a pipeline of affordable housing into the future[9]. The enhanced security of tenure in social housing also provides greater ontological security, which has a positive impact on mental health[10].

Mental healthcare, treatment and housing.

Mental healthcare treatment and the need for multidisciplinary supports

Many people experiencing mental ill-health, including those experiencing homelessness alongside complex mental illnesses, will require intermittent multidisciplinary support, [11] with very flexible case period lengths.

A greater focus is required on integrated programs – programs which include professionals from a range of disciplines as part of a service delivery team. For those with higher levels of support needs, wrap-around team-based services might include practitioners across a range of disciplines supporting mental health recovery, including peer support, clinical mental health and health treatment and disability support, primary care, housing, community legal services, and addiction support.

Access to housing

Deinstitutionalisation was predicated on the availability of appropriate places to live while accessing in-community mental healthcare. Deinstitutionalisation has been positive for those with access to both housing and support in the community. However, governments have failed to fully recognise and fund the housing needed to complement the in-community mental healthcare system.[12]

Most people who have severe mental illnesses and resultant difficulty sustaining housing do not require their housing and mental health treatment to be co-located. Adequate mental healthcare, and access to adequate, stable and affordable housing in the community will work well for most people with

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[9] Infrastructure Victoria, 2016, Victoria's 30-Year Infrastructure Strategy, p.104
[10] Rebecca J. Bentley, David Pevalin, Emma Baker, Kate Mason, Aaron Reeves & Andrew Beer (2016) Housing affordability, tenure and mental health in Australia and the United Kingdom: a comparative panel analysis, Housing Studies,
[11] Phillips, R. and Parsell, C., 2012, The role of assertive outreach in ending 'rough sleeping', AHURI Final Report No. 179, Australian Housing and Urban Research Institute Limited, Melbourne, p.1
[12] Green, D., 2003, *The End of Institutions: Housing and Homelessness*, in Parity Magazine April 2003, p.5

severe mental illness[13]. Indeed, scatter-site distribution of permanent housing for people experiencing severe mental illnesses is at the core of the highly successful Housing First model.

Permanent single-site housing with on-site services is only necessary for a very small number of people with severe mental illness with significant complexity. One study found that many residents of one such Victorian facility were happy with their current living situation "particularly in contrast to alternative housing options that would be available to them".[14] For those living with severe mental illness, scatter site, adequate, stable and affordable housing should be a priority for Governments.

Keeping housing

The common link between in-community care, Housing First approaches, and residential clinical care is that they recognise housing as a precondition for mental healthcare, and indeed, as a necessary component of that healthcare. This understanding is missing from Victoria's mental healthcare system.

The Housing First model of housing plus support for people with severe mental illness who are at risk of long-term homelessness successfully sustains housing for 80 per cent of this cohort[15]. It also recognises that there are those for whom residential clinical care is required on a short or long term basis.

Programs coordinating mental healthcare and access to housing have proven effective across both private rental and social housing tenure.[16]

Time limited private rental subsidies can be effective for those whose challenge in accessing housing results from a time-limited crisis[17]. But those who are likely to experience recurring or ongoing difficulty affording and /or sustaining a rental may require ongoing subsidies, such as those provided by social housing.

At the other end of the spectrum, for those with moderate to mild mental ill-health, time limited support during times of crisis may be all that is needed to sustain them in the community.

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[13] Pleace, N., 2016, *Housing First Guide Europe,* FEANTSA the European Federation of National Organisations working with the homeless, p.12

[14] Lee, S., Giling, J., Kulur, B., and Duff, C., 2013, *Exploring the impact of housing security on recovery in people with severe mental illness; Summary Report*, p.13

[15] Pleace, N., 2016, *Housing First Guide Europe,* FEANTSA the European Federation of National Organisations working with the homeless, p.12

[16] Brackertz, N., Wilkinson, A., and Davison, J., 2018, *Housing, homelessness and mental health: towards systems change*, pp.34-35

[17] Victorian Government, 2018, *Family Violence Housing Blitz Package evaluation; executive summary*

There should be an expansion of programs that offer time limited support during a person's mental ill-health or associated crisis, with access to brokerage funds that can support tenancy sustainment. Programs like Victoria's *Private Rental Access Program* and *Tenancy Plus* have proven both cost-effective and effective at achieving tenancy sustainment interventions.[18]

Sustaining treatment outcomes

Housing First programs have shown that residents with psychosis, and dischargees from psychiatric hospitals required fewer days each year admitted to mental health units compared to the period before they were housed.[19] [20]

Remarkably, these improved outcomes for housed consumers were achieved without an increase in residents' use of community mental health care services. Improved outcomes instead reflected greater stability, improved consumer/clinician relationships, and resultant greater adherence to treatment plans.[21]

Stemming the flow into acute care, stopping the flow into prison

Acute mental healthcare and housing

Lack of suitable housing options exacerbates pressure on acute mental health services. The NSW Ombudsman found that a lack of appropriate accommodation options was a key factor preventing the discharge of mental health patients. This led to both reduced availability of acute beds for those who needed them, and to mental health staff referring inpatients to inappropriate housing options to promote earlier exits.[22] Acute mental health services report that approximately 25 per cent of patients are homeless prior to

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[18] Council to Homeless Persons, 2019, *Council to Homeless Persons pre-budget submission 2019-2020,* p.5. Available at: chp.org.au/wp-content/uploads/2019/03/CHP-Pre-Budget-Submission-2019.pdf
[19] Holmes, A., Carlisle, T., Vale, Z., Hatvani, G., Heagney, C., & Jones, S., 2017, *Housing First: permanent supported accommodation for people with psychosis who have experienced chronic homelessness*, in Australian Psychiatry, Volume 25 Issue 1, pp. 56-59.
[20] Parsell C., Petersen, M., Moutou, O., Lucio, E., and Dick, A., 2016, *Brisbane Common Ground Evaluation,* University of Queensland.
[21] Parsell C., Petersen, M., Moutou, O., Lucio, E., and Dick, A., 2016, *Brisbane Common Ground Evaluation,* University of Queensland.
[22] NSW Ombudsman, 2012, *Denial of rights: the need to improve accommodation and support for people with psychiatric disability,* p.55

admission, and most are discharged back into homelessness because of a lack of suitable accommodation options.[23]

Exiting acute care into homelessness is self-defeating. Homelessness is not only destructive to a person's mental health, but a lack of suitable accommodation, undermines the provision of subacute and outpatient support required by hospital-leavers.

The number of Victorians who have exited mental health facilities into homelessness has grown by 55 per cent since 2012-13[24]. The number of people accessing Victorian homelessness services who report having a mental health issue has increased by 84 per cent in this same period.

The period of transition from a psychiatric hospital into the community is marked by instability and stress. In particular, a lack of housing and poorly coordinated supports mean that many people exiting such facilities do not have their needs adequately met during this time. [25] Mental health hospital dischargees who received transitional housing support required 22 fewer psychiatric in-patient bed days per participant – the related financial savings eclipsed the cost of providing this support. Consumers' living conditions also improved. [26]

With the cost of providing an acute bed in Victoria at $917 per patient per day[27], supporting people to transition successfully out of psychiatric hospitals is both cost-effective, and achieves better outcomes for consumers.

The over-representation of people experiencing mental illness in prisons

People who do not have access to adequate mental health supports can find themselves cycling through homelessness and prison.

The latest survey of prisoner health revealed that 54 per cent of Victorian prison entrants report being diagnosed with a mental health disorder prior to

[23] Discussion in meetings between clinical mental health and homelessness services, 2018

[24] Australian Institute of Health and Welfare, 2019, *Specialist Homelessness Services Collection.*

[25]Brackertz, N., Wilkinson, A., and Davison, J., 2018, Housing, homelessness and mental health: towards systems change, AHURI Research Paper, Australian Housing and Urban Research Institute Limited, Melbourne, p.43

[26] Siskind, D., et al, 2014, *A retrospective quasi-experimental study of transitional housing programs for patients with severe and persistent mental illness* cited in

[26]Brackertz, N., Wilkinson, A., and Davison, J., 2018, Housing, homelessness and mental health: towards systems change, AHURI Research Paper, Australian Housing and Urban Research Institute Limited, Melbourne, p.23

[27] Productivity Commission, 2019, *Report on Government Services; Chapter 13 Attachment Tables, Table 13A.36*

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imprisonment.[28] Those experiencing comorbid homelessness and mental ill-health are 40 times more likely to be arrested, and 20 times more likely to be imprisoned than those in stable accommodation.[29] In the absence of appropriate housing, prisons have effectively to some extent, replaced the institutions that Victoria so fulsomely rejected in the past.

Incarcerating people is expensive. Each Victorian prisoner costs $324 per day[30]. A more cost effective and just option is to fund the housing and support that people require to live well in the community, which reduces both over-incarceration[31] and recidivism[32]. That 59 per cent of Victorian prison entrants have been in prison before[33] tells us that something is not working in our justice and rehabilitation system. Housing and support benefits the consumer, increases community amenity, and reduces costs overall.[34]

Currently, if a person experiencing housing insecurity and mental ill-health is arrested, it is common for them to be placed in prison or police custody as a method of safe management and containment.[35] This makes tenancy sustainment and treatment adherence extremely difficult. A law enforcement response to an episode of mental ill-health is a misplaced intervention for a person requiring healthcare. Appropriate health-focused emergency responses complemented by safe, stable and affordable housing, must be made available at a sufficient scale.

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[28] Australian Institute of Health and Welfare, 2019, *The health of Australia's prisoners 2018, Data tables: 03 – Mental Health – States & territories*
[29] NSW Department of Corrective Services, 2004, *Submission to Experiences of Injustice and Despair in Mental Health Care in Australia consultations by the Mental Health Council of Australia and the Brain and Mind Research Institute in association with the Human Rights and Equal Opportunity Commission,* cited in Mental Health Council of Australia, 2014, *Not for Service,* p.220
[30] Productivity Commission 2019, *Report on Government Services: Chapter 8: Attachment Tables*
[31] Povey, C., Adams, L., and Roberts, S., 2013, *Homelessness and Policing; Submission to the Consultation on the Victoria Police Field Contact Policy and Cross Cultural Training*
[32] Willis, M., 2018, *Supported Housing for Prisoners Returning to the Community: a review of the literature,* Australian Institute of Criminology for State of Victoria, Corrections Victoria, p.11
[33] Australian Institute of Health and Welfare, 2019, *The Health of Australia's prisoners 2018; Data tables: 02 – Socioeconomic factors – States & territories*
[34] Willis, M., 2018, *Supported Housing for Prisoners Returning to the Community: a review of the literature,* Australian Institute of Criminology for State of Victoria, Corrections Victoria, p.38
[35] Baldry, E., 2014, *Complex needs and the justice system,* in *Homelessness in Australia*, Council to Homeless Persons, Sydney, p.201

Homelessness and inadequate housing as a cause of mental ill-health

Homelessness causes mental ill-health

In 2017-18, at least 30 per cent of those aged ten and over who sought help from a specialist homelessness service in Australia reported a diagnosed mental health issue.[36] This incidence is far higher than the 18.2 per cent of Australians who have a mental health condition.[37]

Research has also demonstrated that housing insecurity both causes and prolongs mental ill health, with a major Victorian study finding that just 15 per cent of people accessing specialist homelessness services had mental health issues *prior* to experiencing homelessness, while another 16 per cent only developed mental ill-health *after* their experience of homelessness commenced.[38]

The failure to properly respond to homelessness is exacerbating the demand pressures faced by Australia's mental health system, leading to worse outcomes for consumers, and decreasing the efficiency of the resources used for mental healthcare.

Rooming houses and mental health

Rooming houses are a common form of housing for people experiencing disadvantage. This includes those who are unemployed, have a disability, have a history of trauma, are socially isolated, and who are not connected to services. [39] [40] Residents overwhelmingly report rooming houses to be dangerous and violent, dirty, and harmful to their mental health. [41] A prominent cohort within rooming houses are those with psychiatric illnesses.[42]

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[36] Australian Institute of Health and Welfare, 2018, *Specialist Homelessness Services Collection 2016-17*

[37] Australian Bureau of Statistics, 2015, *4159.0 – General Social Survey: Summary Results, Australia, 2014, Table 03. State and Territory*

[38] Johnson, G., and Chamberlain, C., 2011, *Are the homeless mentally ill?*, Australian Journal of Social Issues, Volume 46, Issue 1, p.36.

[39] Goodman, R., Nelson, A., Dalton, T., Cigdem, M., Gabriel, M. and Jacobs, K., 2013, *The experience of marginal rental housing in Australia*, AHURI Final Report No.210. Melbourne: Australian Housing and Urban Research Institute, p 36

[40] The Salvation Army Adult Services, 2011, 'No room to move? Report of the Outer West Rooming House Project', p.16

[41] Goodman, R., Nelson, A., Dalton, T., Cigdem, M., Gabriel, M. and Jacobs, K., 2013, *The experience of marginal rental housing in Australia*, AHURI Final Report No.210. Melbourne: Australian Housing and Urban Research Institute, p.25

[42] Goodman, R., Nelson, A., Dalton, T., Cigdem, M., Gabriel, M. and Jacobs, K., 2013, *The experience of marginal rental housing in Australia*, AHURI Final Report No.210. Melbourne: Australian Housing and Urban Research Institute, pp.35 - 36

In the absence of a strategy to ensure that *appropriate* affordable housing is made available to all people experiencing mental ill-health, the mental health needs of rooming house residents cannot continue to be ignored. There is a critical need to boost the capacity of programs that directly engage rooming house residents through funded in-reach programs.

Housing, mental health and young people

Young people experience mental ill-health differently from adults, requiring different responses. Of particular concern is that Housing First models support a consumer's independence, whereas young people may not be fully independent and often require adult support and guidance. [43]

Many young people are more comfortable and achieve better outcomes in congregate care[44] [45]. Housing First *can* work for young people experiencing homelessness and mental illness, but in a context where the support delivered is commensurate with their needs, which are likely to be both greater and different from that of the adult population.

Those young people in particular whose needs are among the highest in the country have no appropriate support service[46]. The lifetime institutional cost of agency contacts with these individuals runs to millions of dollars per person. These young people are identifiable before they become entrenched users of bed based health and human services.

Doubling down on our existing housing and supports for young people with multiple mental health, justice, and child protection interactions would be a sensible investment when considered against a lifetime of high-cost service use.

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[43] Gaetz, S., 2014, *Can Housing First Work for Youth,* European Journal of Homelessness, Volume 8. No. 2, December 2014, p.164
[44] Gaetz, S., 2014, *Can Housing First Work for Youth,* European Journal of Homelessness, Volume 8. No. 2, December 2014, p.167
[45] Gaetz, S, 2017, THIS is Housing First for Youth: A Program Model Guide. Toronto: Canadian Observatory on Homelessness Press, p.7
[46] Baldry, E., Dowse, L., McCausland, R., and Clarence, M., 2012, Lifetime institutional costs of homelessness for vulnerable groups, School of Social Sciences University of New South Wales, Sydney, for Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.