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Mr James Catchpole
Committee Secretary
Standing Committee on Family, Community, Housing and Youth
House of Representatives
PO Box 6021
Parliament House
Canberra ACT 2600

21 August 2009

Submission No. 81
(homelessness legislation)
A.O.C. Date: 28/08/09

Dear Mr Catchpole

Thank you for the opportunity to provide a submission to the House of Representatives Standing Committee on Family, Community, Housing and Youth Inquiry into Homelessness Legislation.

The Mental Health Council of Australia (MHCA) works extensively with people living with mental illness, and their carers, and is well placed to comment on housing issues that relate to mental illness.

Earlier this year MHCA released *Home Truths: Mental Health, Housing and Homelessness in Australia*. A copy is appended to this submission. This report contained a number of strategies to improve housing outcomes for homeless and unstably housed populations, particularly those who experience a mental illness.

If you would like to discuss this response further, I can be contacted on (02) 6285 3100, or at david.crosbie@mhca.org.au.

Yours sincerely,

David Crosbie
Chief Executive Officer

Mental Health Council of Australia Submission: House of Representatives Standing Committee on Family, Community, Housing and Youth – Inquiry into Homelessness Legislation

Introduction

Mental illness, housing instability and homelessness often share much common ground. An understanding of the relationships between these experiences is essential to tackle unstable housing and homelessness and in the development of legislation around homelessness services in Australia.

Mental health problems are common among homeless and unstably housed people. How many experience mental illness is difficult to determine as estimates vary widely depending on how homelessness and mental illness are defined, although an Australian Government Department of Health and Ageing review noted in 2005 that regardless of definition, it appears that homeless people have a higher prevalence of severe mental illness than the rest of the population.[1] Other Australian research also supports this.[2]

The Mental Health Council of Australia (MHCA) recently launched a report on mental health, housing and homelessness: *Home Truths: Mental Health, Housing and Homelessness in Australia*. This report contained a number of strategies to improve housing outcomes for homeless and unstably housed populations, particularly those who experience a mental illness. The bulk of this submission is based on research and arguments used in the *Home Truths* report.

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[1] St Vincent's Mental Health Service and Craze Lateral Solutions 2005 *Homelessness and Mental Health Linkages: Review of National and International Literature.*

[2] See MHCA 2009 *Home Truths: Mental Health, Housing and Homelessness in Australia*, MHCA, Canberra, for a review of key literature.

1. Specific Changes to the Supported Accommodation Assistance Act 1994

The MHCA recommends a number of amendments to the Supported Accommodation Assistance Act 1994 to reflect the large proportion of the homeless population that experiences a mental illness and are likely to access Supported Assisted Accommodation Program (SAAP) services[3].

Part 1, Section 4 – Definition of *homeless*

Inadequate access to safe and secure housing
The definition of 'inadequate access to safe and secure housing' should include, in clause 2 (a) of Part 1, Section 4, recognition of the potential impact inadequate housing has on mental health. The wording of clause 2 should therefore be amended to include the bolded text below:

> (2) For the purposes of this Act, a person is taken to have inadequate access to safe and secure housing if the only housing to which the person has access:
>
> (a) damages, or is likely to damage, the person's health **including their mental health**; or
>
> (b) threatens the person's safety; or
>
> (c) marginalises the person through failing to provide access to:
>
> (i) adequate personal amenities; or
>
> (ii) the economic and social supports that a home normally affords; or
>
> (d) places the person in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing.

Part 2, Section 12 – National data collection system and national research program

Data collection system and research program
The wording under this heading should identify that the SAAP outcomes to be measured should include health outcomes, including mental health outcomes.

Part 2, Section 13 – Services may be general or specific

Services
Under clause 1(b), the list of groups included under 'services provided to meet the special needs of people who are homeless and who belong to any of the following groups' should include 'people with a mental illness or substance use disorder', in recognition of the large proportion of SAAP clients who experience these conditions.

[3] SAAP services provide transitional supported accommodation and related support services

2. New homelessness legislation must recognise the relationship between homelessness and mental illness

The links between homelessness and mental illness should be recognised in the development of any new homelessness legislation. However, new legislation must also go beyond acknowledging these links, and must contain measures that are specifically targeted at addressing mental health issues in the homeless population. These measures could include:

- early intervention to prevent people with a mental illness from slipping into homelessness, such as effective discharge planning;
- mental health services aimed specifically at homeless and unstably housed populations, and homelessness and housing services aimed specifically at people with a mental illness, that recognise the particular needs of these groups and provide services for them in their own locations;
- effective strategies for the management and treatment of comorbid mental illness and substance use disorders in homeless and unstably housed populations;
- support and rehabilitation for people with a mental illness to meet their additional needs during their transition from homelessness;
- recognition of the need to engage directly with mental health consumers, their carers and their families to ensure that their needs are met;
- recognition of the diverse needs and circumstances of people with a mental illness and people who are homeless; and
- ongoing monitoring and accountability measures.

3. Legislation must make provision for housing to be set aside for people with mental illness

Considerable 'catching-up' needs to take place for people with a mental illness to be housed on a level that is comparable with the rest of Australian society, and housing stock and funding allocation should reflect this. In many areas, availability of public and other affordable and low cost housing, regardless of its suitability, has become the primary issue for people with a mental illness due to rising house prices and rents, the tight rental market and reductions in public housing stock. For people who are on low incomes or pensions, or who are already socially isolated, these issues are even more significant. Even where initiatives are in place to provide housing for people with a mental illness, more housing is required to meet demand.

For this reason, the MHCA has argued that 30 per cent of public and social housing stock must be set aside for people with mental illness. The MHCA recognises that the

legislation being addressed by the Standing Committee in this inquiry covers homelessness throughout the Australian population, not only for those who experience a mental illness. However, given the high proportion of people with a mental illness who are homeless and unstably housed and the difficulties in providing treatment and support in the absence of stable housing, it is essential that the housing needs of homeless or unstably housed people with a mental illness become a priority in the allocation of housing stock.

4. Services must have sufficient flexibility to respond to homelessness and mental illness

People living with mental illness who are homeless, in unstable housing or having difficulty keeping their homes are likely to face a broad range of issues in addition to housing and mental health. These may include physical health conditions, comorbid substance use, income support requirements and difficulties accessing education and employment. Services required may include primary health care, alcohol and drug services, mental health and counselling services, assistance with medication, income support and assistance with entitlements, support accessing education, employment and training, assistance with daily living activities, transportation, social networks, crisis services, family assistance and advocacy, and legal assistance and advocacy. These services are often provided by different agencies that have little or no interaction with one another, and users must navigate the system on their own and coordinate their own care.

Legislation addressing homelessness and homelessness services, as well as other community support services, must allow sufficient flexibility to address the diverse needs of service users. There must be capacity within the legislation to allow for formal and informal linkages between services, interdepartmental agreements or protocols, information sharing between services and/or provision of a single referral point, such as a central coordinating agency. Agreements in place between federal and state/territory governments, such as those supporting SAAP and Home And Community Care (HACC)[4] programs, must be worded to identify that service users will often utilise more than one service and to formally set out expectations of coordination between services.

5. Properly resourced discharge planning must be implemented

A key homelessness prevention strategy, identified in the Australian Government's White Paper on Homelessness *The Road Home*, is the development of discharge plans well before a person's exit from hospital, jail, residential treatment facilities, state care

[4] HACC program funds support services to enable older people and young people with disabilities to live in the community.

or other institutional arrangements. Inadequate discharge planning can increase the risk of homelessness, particularly among people experiencing mental illness or related condition. However, comprehensive discharge planning does not occur consistently across hospitals and institutions, in spite of the discharge planning guidelines for public hospitals and health facilities developed by many state and territory health departments in Australia.

The MHCA recognises that discharge planning in most cases is a state responsibility, and is most likely beyond the scope of new federal homelessness legislation. However, inclusion of strict requirements around discharge planning in Australia in any new legislation is likely to have significant benefits in reducing entry into homelessness. Public reporting of the performance of state health departments with regards to discharge planning for people with a mental illness would facilitate these benefits and promote greater links between existing national government policies with regards to mental health and homelessness.

6. Homelessness programs must be regularly evaluated

Programs delivering housing and homelessness services are extremely diverse, making it difficult to assess their comparative success and viability. Evaluation is often minimal, and up-to-date evaluations may not be available publicly. New homelessness legislation should include evaluation and data collection requirements for federally funded programs providing housing and homelessness services, incorporating details of costs, reductions or increases in service use (including health services), success in retaining housing, objective and subjective measures of consumer experiences and program sustainability. Common evaluation criteria should be developed to allow for program comparisons.

By making provision for regular and consistent evaluation of this kind, legislation can make a strong contribution to the quality of homelessness services in Australia.

7. Research must be a priority

New legislation on homelessness must include provision for ongoing national research on homelessness and related issues. Research and data collection on the links between mental health, housing and homelessness in Australia is patchy. While regular, national research is conducted to identify the number of homeless people in Australia (for example, *Counting the Homeless)*, research needs to go beyond simple counting the numbers of homeless people to identify details of their health and their pathways into homelessness.

It is essential that research and data collection on homelessness includes investigation on the impact of mental illness on homeless populations. Apart from the most fundamental question of the proportion of the homeless population nationally who experience mental illness, research should address pathways into homelessness including the role of mental illness, treatment rates for people who are experiencing mental illness in combination with homelessness or unstable housing, and numbers of people discharged from mental health treatment into unstable housing. Such research is imperative to ensure that a better understanding of homelessness and mental health is holistic and rigorous, so that programs can be properly targeted and real changes made to improve housing outcomes for people with a mental illness in Australia.

Conclusion

The inclusion of mental illness as a key factor when considering changes to homelessness legislation can only lead to better outcomes both for people with mental illness and those who are homeless. The fact that there is very often crossover within these populations highlights the urgency with which this issue should be addressed.

Services should be able to adjust to individual circumstances and not contribute to the roundabout many homeless people find themselves on. Implementation of appropriate discharge planning and setting aside housing stock for people with mental illness will be a start. Ongoing research and data collection on real life experiences, including evaluation of services, will also be necessary.

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