

Senate Inquiry into Mental Health

Submission from



Merrilyn Rowler
President

On behalf of the
Queensland Public Tenants Association Inc.
PO Box 157, Stones Corner QLD 4120
Tel: (07) 3393 2455 Fax: (07) 3393 2466
E-mail: gpta@dovenetq.net.au
Website: www.qpta.com.au

Summary

The Queensland Public Tenants Association Inc. (QPTA) is the peak body for public housing tenants in Queensland.

Public housing in Queensland is increasingly targeted to those people most in need, often affected by a mental illness. There are enormous unmet support needs for these tenants, often leading to adverse outcomes not only for those tenants, but their neighbours and the wider public housing system.

The Department of Housing, other government departments/ agencies, QPTA, our Regional Tenant Groups, and individual tenants all struggle to assist and deal appropriately with tenants affected by mental illness. There have been some positive steps taken, but much more could be done.

QPTA has responded to a number of the terms of reference, and have made some comments and recommendations throughout the paper, and in the conclusion.

The key comment is that not enough is being done to support tenants affected by mental illness, and that, amongst other initiatives, increased co-operation between stakeholders is necessary to improve this situation. It also needs to be recognised that the Department of Housing is not in a position to provide both housing and complete support to public housing tenants. Currently there are a range of initiatives to assist people, but at the end of the day many public housing tenants affected by mental illness are supported informally by their neighbours. This is not an ideal, or sustainable, situation.

Other recommendations include: that more education and support service information around mental illness should be made available, particularly as tenants affected by mental illness and in public housing often receive a double-dose of stigmatisation; and, that QPTA, a non-government organisation, has a role in working with public housing tenants affected by mental illness.

Mental Health in Public Housing

The Queensland Public Tenants Association Inc. (QPTA) is the peak body for public housing tenants in Queensland. QPTA is made up of delegates elected by our Regional Tenant Groups, which operate within the boundaries of Queensland Department of Housing Area Offices. There are approximately 170 local tenant groups in Queensland, which link with our 15 Regional Tenant Groups. Tenant groups are funded under the Department of Housing's Tenant Participation Program.

In making this submission, QPTA will respond directly to terms of reference that we feel we have experience in.

Background

The impact on the lives of existing public housing tenants of the increased targeting of public housing to tenants with high and complex needs is enormous. It has been a 'top 3' issue identified to QPTA by almost every Regional Tenant Group for the last 3 years.

QPTA would like to say clearly that this submission is not driven by prejudice or a desire to exclude people with complex needs from the public housing system, nor is this a criticism of de-institutionalisation.

Targeting is the process by which public housing is allocated to those in highest need, and our experience has been this means increasingly those with mental illness or psychiatric disability. This process began officially in Queensland in 1997, with the introduction of a priority housing policy, and has continued and indeed increased almost parallel to the policy of de-institutionalisation.

The Queensland Department of Housing's Public Housing Strategy 2003 - 2008 states that a key direction is to "increase the focus of public housing on people in high need of assistance and look at how their access to public housing can be improved"¹.

There is no strict definition of who has the highest needs, though priority housing in Queensland has the following criteria for eligibility: homelessness; disability; child returned to care; persistent harassment; victim of major crime; exceptional circumstances; medical condition; violence or at risk; foster care; natural disaster; and people involved with the Crime and Misconduct Commission. It is clear from this list of priority housing criteria that people who fall into any of these eligibility categories could have a range of complexities surrounding their housing need. These could include mental health issues, general health issues, and be complicated by drug and alcohol dependence, or domestic violence issues.

The reality of a 'high needs tenant' for many public housing tenants is a neighbour who, when not on medication and/or without a support worker, makes life unbearable for themselves and everyone in their vicinity

¹ P. 9, Queensland Government, Department of Housing, 'Public Housing – A secure future' Public Housing Strategy 2003-2008

QPTA would like to share with the Senate Select Committee a few stories which demonstrate some of the problems that public housing is facing and indicate the timeliness of this inquiry.

One tenant we are aware of lives in a 22 unit complex of public housing units in a major regional centre. Within that complex there are approximately five de-institutionalised mental health tenants. One of these tenants screams most of the time, including at night, making a good night's sleep a rare event. A second tenant calls emergency services to attend up to 5 or 6 times a day. Emergency services must come because in the event the call is genuine they can't take the chance of not attending. A third, a male tenant, frequently urinates in the open garden area. And recently, one of our members walked out his front door and found his neighbour had hung himself off the balcony rails. The Regional Tenant Group in this major regional centre in Queensland has reported to QPTA that they have had five suicides within their region since the beginning of this year.

Another common situation is reflected by the story of a tenant in a smaller regional centre who had been homeless for years before moving into public housing. He began taking medication to manage his mental health issues, and had successfully managed his public housing tenancy for almost 2 years. As is often the case, he began to feel well and felt he no longer needed the medication and stopped taking it. He began yelling at neighbours accusing them of spying on him, and would hose them through open windows to stop them 'spying'. He also stopped paying rent and told his Housing Area Office staff that he went in each Friday and paid his rent, but the girls in the office stole the money. Attempts by Area Office staff to provide additional support for the tenant were met with resistance from him, because he felt he didn't have a problem and wasn't ill.

As this person had maintained their tenancy for close to two years, the Area Office was then in the tough position of deciding whether they take action against him i.e. evict him, because of his neighbour's complaints and failure to pay rent. Or did they continue to sustain the tenancy at all costs, knowing that eviction would mean adding one more homeless person with mental health issues to the streets.

These are common stories repeated to QPTA and Regional Tenant Groups almost daily by public housing tenants.

- *the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness*

QPTA's experience is that more high needs tenants are entering into public housing, but without the adequate support.

The Department of Housing, by itself, is not in a position to proficiently nor accountably deal with people affected by mental illness. They are primarily public housing providers, not care providers.

Having said this, the Department does have a commitment to sustaining tenancies, and over the last 5 years has been directing resources into training staff, case conferencing, and interagency collaboration.

The Department of Housing has a responsibility to all its tenants, under the *Residential Tenancies Act 1994*. In situations when dealing with tenants affected by mental illness, the Department of Housing has to balance two competing obligations: the obligation to support a

tenant to maintain their tenancy; and a conflicting obligation to ensure neighbours of a high needs tenant have quiet and peaceful enjoyment of their property.

Area Offices and their staff struggle with the complexities of managing tenancies such as these. Expectations of neighbours and the wider community is that Area Office staff manages these tenancies more strictly, in order to provide quiet peace and enjoyment to neighbours. Privacy considerations mean that staff trying to manage these difficult tenancies are not able to discuss possible contributors to a tenant's behaviour with their neighbours. Some times this information may give those neighbours some insight into what is happening, and greater understanding could encourage neighbours to provide greater informal support.

opportunities for improving coordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care is provided throughout the episode of care

In addition to the current work being done by the Department of Housing, QPTA believes that there are many more opportunities for improving co-ordination between all levels of government to ensure appropriate and comprehensive care is provided.

QPTA has been working for many years to form closer links with other Government Departments, such as Health and Disability Services, to try and encourage co-ordinated support for people with high needs in public housing.

In 2004-2005 a joint-work plan was signed between the Department of Housing and Disability Services Queensland to allow staff in both Departments to work together to assist mutual clients. At the same time, there was an evaluation of local partnership agreements between Department of Housing Area Offices and Queensland Health community mental health services, and work towards a state-wide agreement to allow both Departments to work together to assist mutual clients.

Much of QPTA's focus is on linking our organisation, and Regional Tenant Groups, into these collaborations to ensure the tenant perspective is heard (please see below).

The appropriate role of the private and non-government sectors

QPTA, and its members, are involved in working with tenants affected by mental illness, often with excellent results. This has largely been as a result of unmet need. It is also part of our charter to work for the public housing tenants of Queensland. QPTA believes this is an appropriate role for our organisation to play, but would again re-iterate that this involvement has come about mainly because of unmet need.

An example of a tenant driven initiative involves our North Moreton Public Tenants Association Inc. and a range of partner organisations who have established a formal set of protocols to address the issues of complex tenancies.

The Deception Bay Neighbourhood Centre and the North Moreton Public Tenants Association were often asked to help public tenants facing immediate eviction, almost as a last resort. Tenants were referred to a variety of services in the region, but often the solution came too late to save the tenancy. These tenants often were affected by mental illness.

Seven community based organisations came together with the Department of Housing area office. The Protocol process begins with the area office of the Department of Housing, identifying an ‘at risk’ tenancy i.e. a tenant who is issued with a notice to remedy breach which threatens the sustainability of their tenancy. This tenant is then asked if they would agree to being referred to the network of supporting organisations for help. Of course, tenants retain their right to privacy, and have the right to refuse help. The network of organisations then provides the tenant and their family with the support necessary to resolve whatever issue is threatening their tenancy.

This protocol has been an amazing success, with an 80% reduction in evictions from public housing over a two year period. The tenants who have been involved in this positive support process become more stable and more permanent members of the community, and in turn are able to give back to the community.

The Townsville Regional Tenants Action Group Inc. (TRTAG) is also involved in working on mental health issues. There have been a number of suicides in public housing in Townsville this year. The Townsville Area Office has a team of 5 staff working on ‘Supported Tenancy Management’, in conjunction with TRTAG, and this is working well. They started early in 2005 with 30 clients and now there are 300. At a recent TRTAG Management Committee Meeting there was a visit from a Senior Social Worker from the Institute of Mental Health who will work with TRTAG to assist with advice. Some of TRTAG’s members also liaise closely and volunteer time to the Mental Illness Fellowship.

There are other formal supports happening for tenants affected by mental illness, and in many places these work well.

- *the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes*

Unmet need amongst public housing tenants is a barrier to better mental health outcomes. As mentioned in the introduction, five of our tenants in one region committed suicide this year. Unmet need appears to be a factor in all of these deaths.

QPTA and its members are involved in a range of initiatives to assist tenants affected by mental illness. There are also many tenants that regularly provide informal support to their neighbours: unpaid and untrained. This is often making the best of a bad situation where no formal support is being provided to the tenant. It often seems to some tenants that this informal support is expected.

There is an example of a neighbour who constantly leaves her stove on. Neighbouring tenants go into this person’s unit each night and turn the stove off. If they don’t do this, the inevitable fire might mean they all lose their homes. They have been happy to do this for some years now. The problem for these tenants is that one has been diagnosed with inoperable throat cancer, and they are no longer able to provide this simple informal support. What happens then if the stove causes a fire? Does the Government pay a worker to come every night and turn the stove off? Is there another neighbour who would take on the responsibility? How would they feel if the night they forget, or they night they go out, is the night the units catch fire?

For tenants affected by mental illness, public housing gives greater security of tenure than they would have anywhere else. However, there is limited support available to meet their needs, especially when they stop taking medication or have a re-lapse. Department of Housing staff, particularly staff on the front counter, often find it difficult to deal with high needs clients: they

are increasingly well trained in mental health issues, but are not experts. Also, many tenants do not declare they have mental illness, or are undiagnosed.

How much support is enough for a high needs client? A visit from a support worker to check on how well a person is doing might be only a few hours before an episode, which leaves that same person completely unwell and causing chaos.

Representing tenants' concerns widely, QPTA believes that quality support for high needs tenants will make life better for everyone.

- *the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers*

QPTA has been working since its inception to 'improve attitude towards public housing and through positive publicity negate perceptions often held by the wider community' (QPTA Constitution).

With more high needs tenants in public housing, it is becoming harder to promote a positive image of public housing. Local communities don't want public housing in their area, and the attitude is that all public housing tenants are going to be 'neighbours from hell'. We regularly write Letters to the Editor to combat Mr Citizen's comment that public housing in his area will cause house prices to fall!

Many problems and the stigmatisation of public housing tenants occurs because of lack of awareness of mental health issues. QPTA submits that there needs to be more education and support service information around mental illness.

We now have two pieces of legislation in Queensland that are being reviewed, that may end up causing significant impacts for public housing tenants. Both pieces of legislation already have proposals that, if enacted, would allow action be taken more easily against high needs tenants in public housing. This may be directly as a result of the wider communities concerns about unsupported tenants in public housing.

The *Peace and Good Behaviour Act 1982* is being reviewed. QPTA provided feedback to the Queensland Law Reform Commission around possible changes, including whether Peace and Good Behaviour Orders should be made easier to obtain.

One of the key issues we considered was whether Peace and Good Behaviour Orders would stop behaviour in a public housing tenant situation. Our response was that we felt Orders may often be taken out against a tenant affected by mental illness. These tenants are often the ones perceived as being 'troublemakers', and are often incapable of changing their behaviour.

At the end of this year, the *Residential Tenancies Act 1994* will be reviewed. Already there is a private member's proposal to amend the legislation to allow neighbours to evict tenants.

For QPTA, the proposed legislation suggests using eviction as a solution for problems that may not be strictly tenancy management problems, particularly mental health issues. Many public housing tenants have issues that rely on stable housing to help them address.

Managing these 'difficult tenants' has seen some states heading down the track of forcing tenants to sign anti-social behaviour agreements, which tenants may or may not understand, or

may not reasonably be able to meet. This further stigmatises public housing and people affected by mental illness.

We are encouraged that Queensland has not adopted this method of dealing with these issues, preferring to work across Government to increase the levels of both formal and informal support for high needs tenants.

Recommendations and Conclusion

As government is unwilling to invest further in public housing, public housing will continue to cater to increasing numbers of tenants with challenging and complex issues, often residing together in one easily identifiable suburb or estate.

QPTA concludes that there is enormous unmet need for people affected by mental illness amongst our constituents. This has negative impacts on the people, their neighbours, and public housing generally.

Although government and community organisations are working more collaboratively to assist these tenants, enough is still not being done. Many of our Regional Tenant Groups, and individual tenants, are providing both informal and formal support to tenants affected by mental illness.

In order to improve the current situation, QPTA makes the following comments and recommendations to the Inquiry:

- Increasing numbers of tenants affected by mental illness are entering into public housing, but without adequate support. This unmet need amongst public housing tenants is a barrier to better mental health outcomes;
- The Queensland Department of Housing is not in a position to proficiently nor accountably deal with people affected by mental illness, as they are primarily public housing providers;
- There are many opportunities, on addition to what is occurring in Queensland, for improving co-ordination between all levels of government to ensure appropriate and comprehensive care for people affected by mental illness;
- QPTA believes that, in our organisation's case, it is appropriate to be involved in working with, and for, tenants affected by mental illness through facilitating protocols and working with other stakeholders. This involvement, however, has often come about due to unmet need; and
- There needs to be more education and support service information around mental illness to counter increased stigmatisation of both people with mental illness and public housing.