

**Submission  
No 244**

**INQUIRY INTO SOCIAL, PUBLIC AND AFFORDABLE  
HOUSING**

**Organisation:** Mental Health Carers ARAFMI NSW Inc  
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The Director  
Select Committee on Social, Public and Affordable Housing  
Parliament House  
Macquarie St  
Sydney NSW 2000

8 April 2014

Dear Select Committee,

**Re: Social, Public and Affordable Housing (Inquiry)**

Mental Health Carers ARAFMI NSW Inc., ('ARAFMI') as the peak body for mental health carers in NSW, has been requested on behalf of our Mental Health Carers Peak Advisory Committee (CPAC) to write this letter to express the great concern that many carers have about changes to social, public and affordable housing.

In 2013 ARAFMI undertook 14 consultations across NSW with mental health carers, carer support workers, mental health service consumers and other people interested in mental health and carer sector to understand how to improve lived experience of carers and consumers of mental health services. We attach a copy of our report, 'Broken Systems; Breaking People', for your information.

It was very apparent in the course of our enquiries that a major issue for consumers and carers was access to appropriate accommodation. The key finding of our consultations was that in order for there to be any successful treatment or support provided to someone with lived experience of mental health issues and/or alcohol and drug issues, a safe and secure place to live is prerequisite. The fact that there is an enormous shortage of such accommodation impacts massively upon this vulnerable group.

ARAFMI is therefore very concerned that there be a sufficient stock of social, public and affordable housing available to consumers of mental health services and there carers in order to allow appropriate treatment and support to be provided across the care continuum; that is to say across the varying levels of need that people with psychiatric disability will display based on their level of disability and retained capacity.

Under the Mental Health Act 2007 there is a clear statement of principle at section 68 of that act that care needs to be provided to consumers in the least restrictive environment possible. It is clear that providing treatment and support to a person in an acute inpatient setting is the most restrictive way in which care can be provided. However the alternatives to such acute accommodation are often not available and this means that many people who could comfortably be treated and/or supported in the community are in fact treated in hospital settings which are clearly not the least restrictive settings possible. This would seem to be a clear violation of at least the spirit of the Mental Health Act.

The NSW Mental Health Commission reports that around 43% of current occupants of acute hospital settings would be able to be discharged if appropriate supported accommodation was provided (*Living Well in our Community, Towards a Strategic Plan for Mental Health in NSW, Paper 1 2013, page 10*). This is based on the estimates of the clinical directors of these facilities and is quite likely to be an underestimate if anything.

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We consider that it is unacceptable that inadequate resources are provided to support disadvantaged and chronically ill people with accommodation, including low cost public housing and supported accommodation. This clearly prevents the legislated intention of Parliament from being implemented with regard to mental health treatment settings. We therefore call upon the Legislative Council to ensure that steps are taken to increase the stock of public and social housing which, would allow people with ongoing psychiatric support needs be discharged to from acute hospital settings.

ARAFMI understands from its public statements and attitudes that the Mental Health Commission of NSW will also be strongly supportive of ample provision of supported accommodation and is highly likely to include strong recommendations for such resourcing in its draft Strategic Plan for Mental Health which should be publicly available later this year (2014).

Carers have advised ARAFMI that they are very concerned with the idea that:

- NSW is in fact reducing the total stock of social, public and affordable housing, particularly in established areas; and,
- Any new stocks of social and public housing are being exclusively concentrated in areas of the lowest real estate prices.

Neither of these strategies is supported by carers or ARAFMI.

Reduction in stock of public housing through a process of selling existing stock to reportedly cover (in part) the underfunding of maintenance for the retained stock will mean that public and social housing will need to be rationed even more than it currently is to people with high levels of need and frequently multiple complex needs for support.

This actually makes the underfunding of maintenance (and the fact that the massive budget shortfall is not closed by the sales of existing public housing), even more disastrous to people living with chronic, or long term disabilities in such accommodation. As the diminishing stock of public housing is rationed to people with ever higher levels of disadvantage, the failure of the government to ensure that such maintenance is kept up to a high standard means consigning many vulnerable people to live in squalor. It is intrinsically unhelpful and unlikely to expect that such people would be able to provide significant maintenance of these facilities themselves and exploitative and unconscionable to rely upon their ability to do so.

Further, failing to adequately maintain such residences and then declaring that they need to be sold as a result of the resulting dilapidation of the premises is a circular and unacceptable way for Housing NSW to deal with its responsibility for the maintenance of these homes.

Sale of all of the public housing currently located in inner city areas (which has substantially increased in value in recent years) is also inadvisable. Concentrating all public housing in exclusively the cheapest living areas not only reduces the diversity of communities across the Sydney metropolitan area (consequently weakening them) is also makes the suburbs more uniform; less interesting and dynamic and therefore almost certainly lowers their amenity.

ARAFMI and mental health carers generally also strongly oppose the idea that people who may become to rely upon social or public housing could be forcibly relocated away from the communities they have participated in for the whole of their lives to lower cost suburbs. This is particularly so when people who must rely upon public housing will in many cases be impaired by physical or psychiatric disability, which can strike any member of the community, no matter how affluent they might be to

start with. It is necessary that a mix of public housing be available in all areas across the metropolitan area as well as other areas of NSW so that people who may come to need social housing over the course of their lives can still maintain links to their local communities, with whom they have spent the major part of their lives.

It was clear from our consultations that strong communities support strong mental health and strong individuals within those communities. Long standing communities living in public housing such as those at Millers Point (which are currently threatened with relocation of the tenants within them) is damaging to the individuals in that community and particularly to the mental health of those people. Relocation from the only location and neighbours that they may have known for their whole lives is a hugely disruptive act which may have catastrophic outcomes for vulnerable individuals. The State of NSW is not in such a parlous financial condition as to make such decisions unavoidable, and particularly not when government intends to expend the proceeds on recurrent expenses like maintenance rather than purchasing equivalent or similar housing in the same Local Government Area, (LGA) which should be what occurs with the proceeds of all such sales.

ARAFMI would support the idea that small groups of public housing should be required in all large scale developments and dotted across the metropolitan area. It seems that creating too large a public housing community can lead to anonymity of people living within that development and this is bad for social cohesion and can lead to development of exploitative relationships. However spreading public housing so far and wide in the metropolitan area so there is no proximity at all than other social housing residents also prevents any mutual self-help that often does arise from developing and this reduces social cohesion and the functionality of those communities.

ARAFMI therefore recommends as it has done in its report 'Broke Services Breaking People' that small groups of public housing be funded across all local government areas in NSW. It also strongly supports the concept of such public housing being strongly linked to community mental health and other support services. This can assist people living with psychiatric and other disabilities in maintaining those residences and preventing property damage and the deterioration of relationships between neighbours and the rest of the community due to unsupported mental health or alcohol and/or drug issues.

It is suggested that the Imposition of a levy upon all developments to be paid to the local council for the support and purchase of social and public housing in that local area is the best means to ensure that there is sufficient and sufficiently wide spread social and public housing available to people who require it within NSW. ARAFMI would further suggest that each council should be given a target of 5% of public housing residences within its LGA depending upon relevant local circumstances. Social, public and affordable housing should be uniformly available across the state to ensure that we do not create pockets of disadvantage.

It is of course of particular concern to ARAFMI that sufficient support and accommodation for people with experience of mental health problems be provided. Many of the carers with whom ARAFMI deals have expressed grave concerns about what will happen to their loved one once they cease to be able to support them either because the carer themselves becomes too old and frail or indeed passes away. Their concern that the person who they have cared for may be unable to maintain the residence and/or may be unable to maintain their treatment and daily living regime and may become homeless (and even die early) as a result is unfortunately not an idle one given the level of public housing currently available and current integration of support services.

ARAFMI would therefore consider it to be catastrophic for there to be significant reductions in public housing and indeed strongly support a goal of at least 5% of all accommodation in NSW to be public, social or affordable housing by 2020 and that the government should take steps to ensure that this goal is in fact achieved.

ARAFMI is also very strongly supportive of HASI, (Housing and Support Initiative). HASI is a great collaboration between government departments responsible for public housing and mental health services, which provides specific psychiatric assistance to people who experience mental health difficulties in maintaining tenancies. ARAFMI sees this as a far more cost effective and humane option than inappropriately detaining the people with long term psychiatric disabilities in acute hospital settings. Acute hospital settings are meant to provide acute treatment for short periods of time and then to allow a person to be discharged to ongoing support which allows them to achieve recovery according to their own preferences and goals with the minimum of coercive interference. Not to provide long term alternatives in the form of supported accommodation dooms such people to long term detention in hospital.

The average HASI Package is between \$12,000.00 and \$25,000.00 or so, while the cost of a single acute mental health bed is between \$800.00 and \$900.00 per night, or (taking \$850.00 as the average cost), about \$309,000.00 per year. Needless to say, for the cost of 1 acute in-patient bed, Health could pay for 12.37 (\$25,000.00) HASI packages to care for people in the community, where they actually want to be cared for. (Almost no one wants to spend time in a psychiatric hospital, not staff nor consumers nor their carers).

If 43% of current occupants of acute hospital settings could be discharged to HASI, the savings for each person per year would amount to \$284,400.00. Multiply that over the hundreds of acute beds in NSW with people in them for more than 12 months and the savings would amount to literally billions of dollars. Savings are even greater when the reductions in treatment required by such people are considered.

ARAFMI therefore calls upon NSW Government to mandate significant enhancement of funds for public housing and the massive expansion associated HASI program. We also call upon the government to plan to provide public housing to meet the needs of the NSW population based on a reasonable apprehension of the likely level needs of the population based on an analysis of its component demographics.

Mental Health Carers ARAFMI NSW Inc. thanks the Legislative Council for the opportunity to submit to this inquiry and is very happy to appear or answer any further questions you may have for us in relation to this matter.

For further information please contact

Yours sincerely,

Jonathan Harms  
CEO, Mental Health Carers ARAFMI NSW Inc.