Submission No 42

INQUIRY INTO HOMELESSNESS AND LOW-COST RENTAL ACCOMMODATION

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Legislative Council

Standing Committee on Social Issues

Inquiry into homelessness and low cost rental accommodation

The Schizophrenia Fellowship of NSW Inc is pleased to make the following comments to Members of the Standing Committee.

"The role of public housing, at its inception during Australia's post war reconstruction, was to create an affordable and secure base from which tenants could build or rebuild their lives. Public housing was a spring board allowing people to land softly and then jump out of disadvantage. It still plays this role for some Australians, but for many tenants this is no longer the case."

Tanya Plibersek Minister for Housing 19 March 2009

For many more needy and disadvantaged people, especially people with schizophrenia and other mental illnesses, access to public housing is a virtual impossibility within the current shortage of public housing stock.

A large proportion of Australia's homeless are people with a mental illness and have a co-existing drug and alcohol dependency.

People with a psychiatric disability make up close to 50% of the nearly 780,000 Australians on Disability Support Benefits. Less than 9% of people with a psychiatric disability on Disability Support receive any income other than their benefit. In short this group of people have a major illness, often several co-morbidities, limited access to treatment and exist generally in impoverished circumstances. However international evidence would suggest that rehabilitation is an achievable outcome and that secure affordable accommodation is one of the critical elements for a successful rehabilitation.

Homelessness

Homelessness continues to be a major issue for people with a mental illness. In Australia and internationally there has been a noted increase in the number of homeless people with a mental illness. Schizophrenia is commonly identified as the most prevalent mental disorder among homeless people.

The true incidence of homelessness and the prevalence of people with schizophrenia among homeless people is difficult to assess as the population tends to be transient. In a recent report (Hodder 1998), investigating homelessness in Sydney, 75 per cent of people had at least one mental illness. Of these, 23 per cent of men and 46 per cent of women experienced schizophrenia. These figures also indicate an increase from earlier studies by

Doutney et al (1985) which estimated a range of 16-50 per cent of homeless people experienced mental illness.

The impact of homelessness on a person with a mental illness can be extreme and can contribute to symptoms and wellness/illness. There is a real economy in attempting to address this issue. Providing secure housing for a person may dramatically reduce the mental health service use by that person, especially the quite expensive admission service. It will also provide a better quality of life and have real value in human terms.

(extract from SFNSW submission to Upper House Inquiry into Mental Health Services – Pezzutti Committee)

Despite this well documented reality our housing budget serves only about 1% of the 700,000 citizens seriously disadvantaged by devastating symptoms such as horrific delusions, suicidal ideation, rampant paranoia, black depression, violent uncontrollable mood swings, anxiety states and personality disorders. Such discrimination is par for the NSW Department of Health which only allocates about 7% of total health funds to mental illness when the health burden from mental disorders is over 14%.

Large proportions of Australia's homelessness are mentally ill and have a coexisting drug and alcohol dependency. Despite this well documented reality pour housing budget serves about 1% of the 700,000 NSW citizens seriously disadvantaged by devastating symptoms such as horrific delusions, suicidal ideation, rampant paranoia, black depression, violent uncontrollable mood swings, anxiety states and personality disorders. Such discrimination is par for the course with the department of health which only allocates 6% of the total health funds to mental illness when the health burden from mental disorders is over 14%.

Tens of thousands of mentally ill fork subsist on our streets or in parks. Their plight has traditionally been ignored by our parliament other than from time to time to enact vagrancy laws to punish them or to have our constabulary remove them from sleeping around the precincts of their building. Some are cared for charities such as St Vincent de Paul or the Sydney City Mission.

Tens of thousands more live in squalor in third class boarding or rented rooms. More than half of NSW prisoners have a mental illness. Indeed, our prisoners are, by far, the largest mental institutions yet only about 120 beds are provided by Forensic Health to treat thousands of seriously ill inmates. Corrections Health assessment of all people coming into reception over a three month period revealed over 70% of people on remand or starting a sentence had a history of mental illness. Many also had a history of homelessness.

Some non government organisations such as the Richmond Fellowship, Aftercare, Schizophrenia Fellowship, PRA and New Horizons are funded by the government to provide supported accommodation for suffers of mental disorders. The recently implemented pilot scheme HASI also provides support to

consumers in their own homes or in their careers homes. However the numbers housed are again far less than 1% of that in need.

To its credit the Department of Housing has an excellent policy program for housing folk with a disability including mental illness based around the Memorandum of Understanding between NSW Health and NSW Housing. That scheme has been greatly limited since 1996 when the Howard government ceased making capital payments to the states to build public housing. The majority of folk with a serious mental disorder are not suited to mainstream public housing.

The greatest need here is for supported accommodation. That comes in various forms depending on the particular needs of the tenant beginning with the 'step - up, step down' facilities where consumers live in hostel style accommodation and receive intensive support from health professionals. These units are successfully operating in Victoria and other jurisdictions. A non government organisation provides the supported accommodation for a person in a sub acute episode or recovering from an acute episode but not yet ready for complete discharge. Government community mental health services provide regular clinical review and treatment within the facility.

The model is an adaption and further development of the highly successful Denver Model developed in the 1970's in the United States. The Victorian model has been so successful in addressing the sub acute nature of mental illness that admissions units have been able to reduce beds and the non government agencies involved are able to better assist people to find new accommodation or sustain existing accommodation.

The mid range is the HASI scheme currently piloted in NSW which provides one to one support for consumers living alone in their carers home or in housing provided by the Department of Housing, Housing Associations, NGO's and charities. The downside of this scheme is the limited nature of the professional support and the high costs which make mainstreaming of the scheme prohibitively costly. The other end of the range is day centre such as that provided by the clubhouse movement where folk are supported in their own accommodation with a program of psychosocial rehabilitation that attends holistically to all their needs. The program covers socialisation, recreation, personal development, pre-vocational and vocational training, a transitional employment service as well as attending to the member's medical, legal and housing needs.

To put the dimension of housing need in perspective the overwhelming majority of the 700, 000 are cared for in the home of their families or friends. However this abrogation of responsibility by the government is nothing for our society to be proud of because:

- Mentally ill people require and should be entitles to medical care by qualified health professionals. Unfortunately, the Health Department only provides care to those who are ill and then only for a brief few days when they are in the acute phase of psychosis. This means that only those families who are wealthy enough to afford the thousands of dollars a week charged by private

hospitals and the hundreds of dollars per visit charged by private psychiatrists can access mental health services.

- The reality is that mental illness accounts for more years lost due to disability than cancer, cardiovascular disease and inquiries combined. Sadly despite our health department's spin about recovery when it comes to the serious psychotic illnesses few of the patients they treat recover and a great many suicide. The suicide rate is internationally acknowledged as being between nine and 15% in the first five years of illness. The point here is that the burden placed by dysfunctional and abysmally inadequate mental health service on carers is not only unconscionable but it is damaging to the health of the carers as well as the consumers.

- There is strong evidence to show that loving care has, in itself, rehabilitative value (Prof Kim Littrell's work on the power of hope) but a significant proportion of carers are ageing, find the work stressful and are anxious about the future of their loved one when they are no longer able to continue. There is even stronger evidence that rehabilitation by health professionals can contribute significantly to recovery to the health of the carers as well as the consumers.

Higher cost of disability housing

The economic thinking of the Howard Government in rejecting construction of public housing in favour of subsidising tenants in the private rental market was fundamentally flawed. As organisations such as Shelter and ACOSS accurately predicted at the time, disability housing requires bespoke housing which is far more expensive and this would lead to market failure because a fair return on the developers outlay on building the accommodation would not be covered by the social security plus the meager rental allowance.

So it was that almost no rental stock suitable for folk with disabilities was constructed and the dearth of suitable accommodation forced rents well beyond the capacity of people with disabilities.

The dominant need for people with a psychiatric disability is for supported accommodation. The cost of such supported housing is expensive as the support has traditionally been provided by medical professionals. This is exacerbated by the current view that people with a psychiatric disability should not share accommodation but rather live in single occupancy dwellings. This flawed thinking flows from the Commonwealth Disability Services Act (1986) which discourages if not prohibits "congregate" living for people with disabilities. Sadly no-one ever thought to consult broadly amongst people with a psychiatric disability to ascertain what they really wanted.

Following are a number of brief comments in point form:

- There is clearly a need for an increase in housing stock available for public housing.
- The cost of not providing supported housing for people with a mental illness is both in human (suicide, stress on carers, greater disability for consumer)

and financial (more acute admissions to expensive hospital services, imprisonment, inability to work) terms.

- People with psychiatric disability are not a homogenous group, therefore there should be a range of housing and supported models developed.
- Consultations regarding various housing models should be conducted broadly to ensure that the most voices are heard rather than the loudest voices; past experience has clearly demonstrated that listening to the loudest voices has severely disadvantaged the great majority of people with a psychiatric disability.
- Many consumers are currently housed in Department of Housing accommodation however they are isolated in bedsits and single bedroom accommodation with little or no social and supportive contact with others. They are excluded from what most of us expect as the normal – a social life with others. Further this isolation has great potential to exacerbate the existing illness. Many would prefer some form of congregate living arrangement.
- The very successful work of the United States Interagency Council on Homelessness should be closely examined. They can demonstrate reductions in homelessness of up to 80% in some cities which were viewed as being beyond resolution.
- The USICH has allowed a whole of government approach with the strongest possible endorsement from the nation's leader. The Director, Philip Mangano, is appointed by the President and directly answerable to the President. The following list of members of the Council clearly highlights the importance placed on this issue by the President. I should note that USICH was established by President George Bush and is being maintained by President Barak Obama.

Secretary Eric K. Shinseki
Department of Veterans Affairs
Chairperson

Philip Mangano
Director

Secretary Tom Vilsack
Department of Agriculture

Secretary
Department of Commerce

Secretary Robert M. Gates
Department of Defense

Secretary Arne Duncan
Department of Education

Secretary Dr. Steven Chu
Department of Energy

Secretary
Department of Human Services

Secretary Janet Napolitano
Department of Homeland Security

Secretary Shaun Donovan
Department of Housing and Urban Development

Secretary Ken Salazar
Department of Interior

Attorney General Eric Holder
Department of Justice

Secretary Hilda Solis
Department of Labor

Commissioner Michael Astrue
Social Security Administration

Secretary Ray H. LaHood
Department of Transportation

Acting CEO Nicola Goren
Corporation for National and Community Service

Acting Administrator Paul Prouty
General Services Administration

Director Peter Orszag
Office of Management and Budget

Postmaster General John E. Potter
United States Postal Service

Director USA Freedom Corps

Executive Director Joshua DuBois
White House Office of Faith-Based and Neighborood Partnerships

- One of the clear advantages of programs established under the USICH is that they have ready access to public and charitable housing stock which has support attached to it and can offer immediate housing to a person with a psychiatric disability.
- Reference should be made to the Mental Health Council of Australia report on homelessness, "Home Truths" launched in March 2009.
- The USICH has a number of valuable resources one of which is three series of innovations and successful projects which can be viewed at the web address below:

  http://www.usich.gov/innovations/index.html