Submission No 85

INQUIRY INTO HOMELESSNESS AMONGST OLDER PEOPLE AGED OVER 55 IN NEW SOUTH WALES

Name: Name suppressed

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Chair,
Standing Committee on Social Issues,
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Dear committee members,

Thank you for raising this important situation that exposes older women to challenges to physical, mental and emotional health.

I'm now technically an older person. My marriage ended about 6 years ago, quite unexpectedly and traumatically. The shame that came from my partners infidelity lead to my suicide attempt. I could not see any way forward. My lived experience of mental health was now a pressing factor on my ability to live independently. Expenses were confronting: health and home insurance, car registration and medical costs. I had not held private health insurance in my own name for some decades and the cost for high level care (for mental health care services) was excessive.

I realized then that I was in a financially vulnerable situation because I left the marriage with very little super, because as is the case with most women, I've been contributing in lots of other ways to the relationship or the family and taking time out, which resulted in having little contributions to my super. My contributions to super went into my partner's portfolio of wealth, whereas I did not end with an equitable balance. I already knew that women were facing all sorts of financial and emotional difficulties, but just my own experience was palpable. The impact that had on my mental health, the impact that had on my sense of wellbeing, my sense of who I was. I was looking at the possibility to re-enter full time work to afford cost of living, but my mental health now was foremost.

My situation was conflicted : I was a qualified professional, I was somebody that had a high profile in the community and all of a sudden my situation became quite difficult and if my parents were not available I would have been on that homeless end of the spectrum. I would not have been able to afford private rental at the time. I really did need the support of my parents, emotionally and financially. I have high health literacy, high literacy, loads of qualifications after my name, and yet by a range of circumstances that I had no control over, I may have been homeless, or I was at least insecure in my housing.

I've taken a proactive approach to my health care. I have gathered a team that supports my mental health plan. My knowledge of the health system has been critical, 'finding' psychiatrists and psychologists that were receptive to the approach I sought. I have observed over the years that this approach is rare - not everybody has access to information and not every health professional is responsive. I have heard from many older women that they feel disempowered. Health professionals regarding older women as 'victims', and rarely taking the time to discuss social and emotional welfare. I know women who present well, defying myths of the 'bag-lady' image, and who would leave any exchange,, whether with doctors, real estate agent or solicitors and the professionals were unaware.

About two years ago I saw a property and was able to purchase it by tapping into absolutely every single bit of insurance and super. While it was not my original intention to own a property locally, and it is most certainly not 'fancy', it is my own and has improved my sense of place and resilience.

When you look at mental health services and their capacity to support people in community and a respectful sort of housing, we don't have enough. We absolutely do not have enough staff to be able to shift a model to something that is more respectful and looking at community needs. Our model of mental health delivery is still very tied up in a biomedical model, sort of looking at the urgency end of the spectrum. The unfolding situation in the Northern Rivers of NSW has directed attention to the most vulnerable in the community. It became apparent that the people at high risk were those who lived in public housing and in the older areas of the city. The public image of older people being rescued, after harrowing days spent trapped in their homes were relayed in TV stories. I understand from colleagues who work in the Lismore area that many older women remain in temporary accommodation.

I invited colleagues that are working in the mental health sphere to add their comments, and they reinforced that in rural and regional areas this is emerging as a really significant issue. It's an issue that's quite hidden and it sits on a lower priority. The people that are coming in the door at emergency departments are the ones that consume the mental health workforce and talk to any emergency department clinician and they can tell you that.

A colleague who is developing a better way to look at suicide prevention shared her concerns about the increase in pressures for older women in rural and regional, and rapidly increasing impact on mental health for those women. The lack of social housing, lack of community-based services and an absolute stigma that is involved in presenting at Centrelink or the Housing Department. I have a picture in my head of an older woman who has just retired who is now without a partner, having to leave a marriage, inadequate super, all of a sudden realising you have no capacity, or limited capacity. Your options are limited.

I know for city-based people have experienced that for a much longer period of time, but here the price hikes have pushed housing into a completely different direction. We've got investors coming in buying up a lot of that lower end of the market, which makes it unachievable for most people to actually purchase. Now, the impact on that, as with increased prices with investors, is there's very little rental and the rental that's available is sub-standard. So the impact then on physical, then mental health, then lack of housing, you've got just this perfect storm.

It's certainly not just an issue that has older women sleeping under bridges or sleeping rough. They have to contemplate maybe going to live with family, which is not a great option in some cases or putting their name down for social housing and just knowing that's not an achievable dream. I do not believe that there is a service locally that provides that navigation. So, women do not have a clear path.

Women who are in insecure housing make significant compromises to their lifestyle. You can tell their struggle by the size of the grocery cart that older people have, men and women. They are usually of the cheaper variation. That's just an observation. I allowed a gentleman to come ahead in my que the other day, and he put them up and honest to goodness, it was about four packets of biscuits or something and he was told me, "well I'm now set for the week, I can just live off this". This can bring in all sorts of other health problems. Dental care in this area is really poor. Absence of good dental healthcare has impacts on all sorts of physical health. I get the feeling from talking to people in my mum's friendship group, she's just over eighty, that they're resolved that this is their life. This is what they could expect.

There was a peer-worker model that was happening just in this area where I live, where the peer worker was based in mental health and the connection was between mental health and housing.

People who were presenting to the mental health service who might need support with their housing, it's falling apart, the wheels are falling off, and that peer-worker model was there, but it's not been something that's been sustained.

I really believe that we need to put more emphasis in rural areas in particular when we have got limited funding for peer-led models. We need to look at where we could be most effective. An advocacy model which is about shared pathways, peer-led, being able to have a flag somewhere that alerts people to the needs of those older women way before crisis point. It could be the GP, if it's the solicitor, but there's something that happens when the financial situation of the women changes dramatically and that can put them into a crisis housing situation.

Services also need education on empathy and compassion, understanding that people who are presenting are least likely to disclose personal challenges like homelessness, and need a little bit more time. They need services to be available and present.

I really want a real open-ended approach where older women would feel comfortable presenting to a service. What happens at that first contact and how we can be better at working with that woman so that we know what supports they need at that point.

There is a clear need for a range of solutions for this issue. The solutions need to focus on the needs of women, and be prepared to engage those individuals in a reflective manner.

Thank you,