Inquiry into Homelessness in Victoria

This submission is provided on behalf of the Alfred Mental and Addiction Health – Housing Reference Group. The group comprises representation from across Alfred Mental and Addiction Health including consumers and carers, Local Government and a range of local housing and support service providers.

Priority themes:

1. Mental health, 2. Housing affordability, 3. Public housing, 4. Rough sleeping, 5. Services, 6. Indigenous people, 7. Employment, 8. Family violence

The issues for people experiencing mental illness:

Homelessness disproportionately impacts people experiencing mental illness for a number of reasons associated with disadvantage and our experience is that the number and complexity of homeless and mentally ill presentations is continuing to increase.

People experiencing severe mental illness are frequently:

- Financially disadvantaged- likely to be unemployed or reliant on the disability pension
- Structurally disadvantaged - have difficulty navigating the complex housing/social/welfare/health system
- Socially disadvantaged – experience stigma and discriminated due to mental illness and associated symptoms/behaviours which make attaining and maintaining housing difficult
- Functional disadvantage – frequently lack independent living skills necessary to access and maintain housing and optimise quality of life

Additionally those experiencing severe mental illness may:

- be vulnerable to exploitation from others (physically, sexually and financially)

- be disengaged from family, friends or social supports.
- experience disruption to continuity of mental health treatment and care through the transience of homelessness or insecure/crisis housing.
- experience co-morbid problems such as substance use, intellectual disability, brain injury and chronic disease.
- be unable to maintain housing due to a range of these issues and the episodic nature of their mental illness. People often lose their housing upon admission to a psychiatric unit, as the circumstances of their relapse have led to their eviction.
- have to remain on psychiatric inpatient units for extended periods longer than otherwise necessary whilst waiting for suitable accommodation to be found. (currently 28% Alfred Psychiatric Inpatient beds are people of No Fixed Address – this figure excludes those who are in rooming houses or other unstable housing)

- experience chronic disease, poor physical health outcomes early mortality.

Structural and contextual barriers to housing for people experiencing mental illness:

A number of recent changes within the broader community have further marginalised the mentally ill and contributed the structural barriers preventing people with mental illness accessing housing. These include:

- Loss of the majority of the Victoria mental health community support service system including positions funded to outreach to homeless people with possible mental illness (Assertive Mental Heath Outreach)

- NDIS SIL (Supported Independent Living) accommodation packages– application process is lengthy and complex, however NDIS processing delays can be up to 6 months for rough sleepers.

- Centralised intake of crisis accommodation and more recently Community Housing rooming house waitlists have had the unintended consequence of becoming a barrier to access for people experiencing mental illness.
    - Great volume of required information
    - Personal and health information beyond what is reasonably needed
    - Client consent becomes an issue, some people refuse
    - this information is then sometimes used to discriminate against people with serious mental illness
    - Time consuming and complex even for workers

- Lack of clarity between the sectors about Privacy legislation creates barriers to information sharing (in the absence of immediate risk) which prevents early intervention and contributes to tenancy breakdown in context of relapse of illness.

Recommendations:

1. Housing affordability needs to be systemically addressed for the whole population, including for people experiencing mental illness.

2. People with mental illness need housing stock made available that is;
    - **Affordable**
    - **Permanent** and,
    - **Supported**

    Housing support should be available based on need not timeframe, and should be an ongoing component of the tenancy aimed at sustaining that tenancy.

3. There needs to be a graduated pathway for homeless people to access mental health treatment. (Generalist homeless outreach/assertive mental health outreach/specialist mental health treatment service).

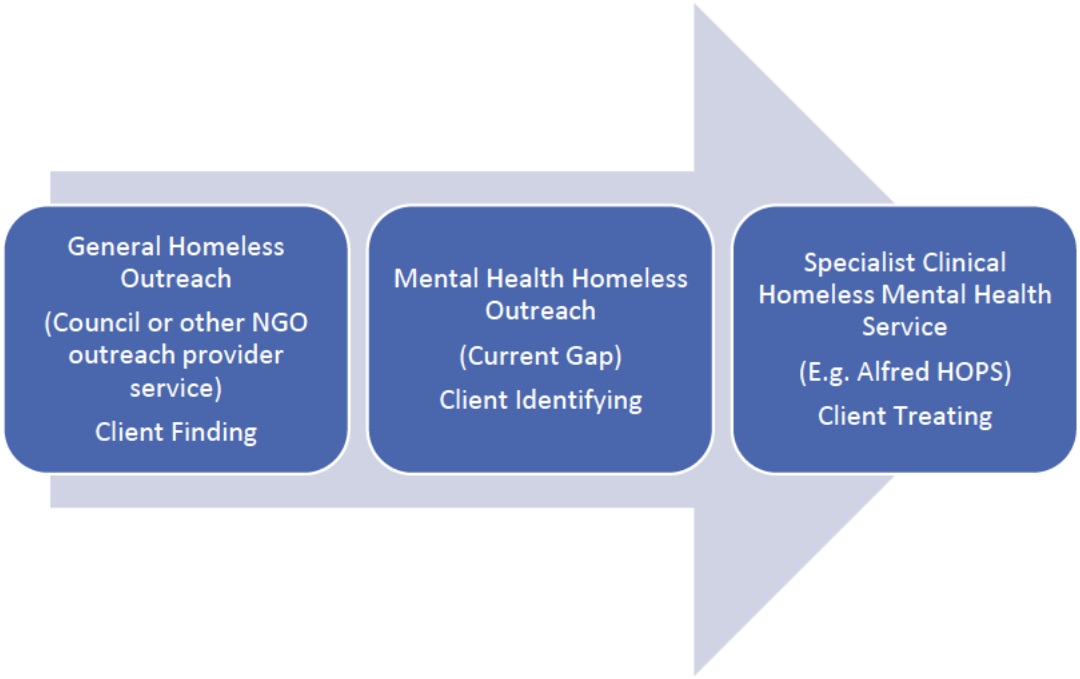

Diagram 1. Homeless client mental health access pathway

Reinstatement and expansion of the MHCSS positions funded to outreach to homeless people with suspected mental illness (Assertive Mental Health Outreach) – currently missing.

4. More flexible housing and support models to address homelessness for people experiencing mental illness are needed. Different housing types/options are needed to match individual needs (Shared housing, single occupancy, stand alone/spot purchase etc.). Lessons can be learned from models already implemented or trialled such as Journey to Social Inclusion, Common Ground, Green Light and Doorway.

5. Multisector partnerships (Housing, mental health & support services) and innovation should be encouraged to develop pathways and models of care to address specific service gaps and promote access for people experiencing mental illness. Alfred Health is keen to participate and contribute to such partnerships.

6. There should be an emphasis on early intervention both when homeless persons are identified as being mentally unwell or those in housing who may be becoming unwell before they lose their tenancy. Mental health and support services need to be resourced and enabled to do this.

7. Address the structural barriers to people with mental illness accessing housing including those mentioned previously.

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