

TRANSCRIPT OF PROCEEDINGS

O/N 98337

FAMILY AND COMMUNITY

DEVELOPMENT COMMITTEE

MR J. PERERA MLA, Chair
MR J. SCHEFFER MLA, Member
MRS J. POWELL, MLA Member
MS M. WOOLDRIDGE, Member

**INQUIRY INTO SUPPORTED ACCOMMODATION
FOR VICTORIANS WITH A DISABILITY OR
MENTAL ILLNESS**

Witnesses:

MR RAY BUTLER
Program Manager – MIND

MS KYLIE McDONALD

BENDIGO

WEDNESDAY, 19 NOVEMBER 2008
RESUMED

[11.32 am]

THE CHAIR: Good morning.

MR BUTLER: Good morning.

THE CHAIR: My name is Jude Perera. I am the chair of the Family and Community Development Committee which conducts this inquiry, and to my right is the deputy chair of the committee, Jeanette Powell, member for Shepparton, and extreme right is Mary Wooldridge, member for Doncaster, member of the committee, and to my left is Johan Scheffer, member of the committee and also the member for Eastern Region Victoria. All evidence taken at these hearings is protected by parliamentary privilege as provided by the Constitution Act (1975), and further subject to the provisions of the Parliamentary Committees Act (2003), the Defamation Act (2005) and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. Any comments a witness makes outside the hearing may not be afforded such privilege.

We are recording the evidence and we provide a proofed version of the transcript to each witness at the earliest opportunity, so for the Hansard, please introduce yourself, both of you, and give a brief description of your organisation which you represent today, then make your verbal submission, and then follow it by questions. Thank you.

MR BUTLER: Thanks. My name is Ray Butler. I'm the program manager of MIND Australia's residential rehabilitation program in Bendigo, and I'm privileged today to have one of our consumers with me.

MS McDONALD: My name is Kylie. I've been in the program for about five weeks.

THE CHAIR: Thank you.

MR BUTLER: I'm aware that our organisation has, from the provider, written submissions centrally and that you have visited one or more of our programs in Melbourne, so in some ways, I will anecdotally have a bit of a chat about our program and about some of our consumers to highlight some of the areas that are listed on the documents sent to me. The name of our program, by the way, is Solomon Street, simply because it's in Solomon Street, but also we felt that the wisdom of Solomon sounds pretty good. Our program is one of about five which were put up for tender in the late '90s by the previous government. It was to try to address the needs of young people, so our program specifically is for 16 to 24 year olds who have mental health issues.

Our program started in August in 1999. We have four units, two of which are three bedroom units and two which are two bedroom units. We are the only intensive youth resi rehab in rural Victoria. We have a sister program in Wantirna in Melbourne, but the other four programs rurally are not staffed 24 hours a day. What this means is that for our program, we tend to take young people with much more challenging issues, because we have the staff available. I'll just highlight one who comes from a background of extreme domestic violence who is only 16, who functions intellectually

at about a 12 year old level, and he couldn't live in any of the other rural programs because he is very young, a very vulnerable person.

I suppose the central theme for us is that many of these young people come from a wide ranging area, and you're all conscious of the various parts of Victoria, and the Loddon Mallee region makes up nearly 26 per cent of Victoria. We're the only youth resi rehab in 26 per cent of Victoria. Now, I know our population base isn't as large as metropolitan areas, but we really perceive, ultimately, there is a need for another unit of some sort, specifically for young people. I was going to attempt to have a young person come and speak today who actually comes from Mildura. She's out of about seven people that have moved to Bendigo to receive service with our organisation that actually succeeded, and I suppose it highlights for me that, to obtain service, you have to leave your whole support network, be it functioning or dysfunctional.

The experience of this young person, however, was that they had been kicked out of home because of their behaviour, which was seen as rebellious and basically, you know, just an out of control adolescent, where the reality was it was the early stages of onset of quite significant mental health issues. The other young people we've had from the Mildura area have not been able to successfully make the transfer. When you have discussions with people which I was having a few days ago, there was a suggestion that someone was going to visit Mildura and borrow a car at 11 o'clock in the morning and pop down and have lunch here, and when you try to explain it's four hours drive without stopping, people don't seem to comprehend that.

So it's a complete dislocation from your whole world if you have to move to Bendigo to receive service. So we think that's a significant issue that really needs to be looked at. There is a couple of things that I'd just like to briefly highlight by way of our experience, and that is the ongoing perceptions of the community about people with mental illness. I'm aware that within SANE, which is a peak body in Australia about mental health, they have a group called Stigma, but you still have betrayals on TV and on other media of, you know, some – a murder scene or some extremely violent crime with a caption at some point saying, "And they had a mental illness."

Our experience of the young people we work with, and currently we work with 68 young people in our program, is that we've never had any violence of any sort or any threat against anybody else. In general, if there is anger or violence, it's directed inwards at themselves. To come into our program, we take referrals from anybody, including a young person. They can live with us for up to two years. Along with the rest of the MIND organisation, we really follow recovery principles, which comes from a woman in Queensland. I'm sure that will have been discussed in Melbourne as well. There is this wonderful sort of saying within that, and that is that we need to create the environment where the person can recover, and I'm really mindful of the things that Ian was talking about before.

There is a difference between control and giving people options, and it's a daily process in our work that we have to be thoughtful about those considerations all the time, because I can tell you to do something, and you can tell me to just get stuffed. You've got to want to do that. You've actually – we've got to find the way to assist you to do that, so in all the work that we do, we develop plans which are based on

what that young person wants with achievable steps for how they get there. Bendigo is quite a large area and there are quite a range of different services available in Bendigo. We've learned to work smart in many ways, so there is an alliance group in Bendigo made up of the Bendigo health care group, made up of Golden City Support Services, St Lukes Anglicare, and MIND Australia.

This is to coordinate how we work and get really good working relationships together. That has been a really useful thing for us. We also do a lot of what is called collaborative practice, so our actual program here in Bendigo has been the pilot with the YMCA in Melbourne for the last year and a half in developing a specific recreational camp focused on people with mental illness. Now, the fourth one is happening in February and we're really happy that we're going to have – I'm just trying to think, first presentation? First presentation, psychosis worker from Mildura and from Bendigo coming on that camp with MIND staff and YMCA staff, and we feel that is really important to continue that collaborative practice, and people get to see what we do.

One of the major hurdles that young people face is where to live. One young man that I have in my program at the moment lived in a tent at the age of 16 for about eight or nine months in the bush, and he lived in the bush. He caught rabbits, he caught kangaroos, you name it. This young man had quite severe depression. He had a completely dysfunctional family and ultimately, through various means, we got hold of him, shall we say. And his life has improved hugely. He actually feels safe, which is our number one consideration. I suppose I'm talking about "safe" because I'd like to highlight that some of the accommodation options that are available to young people are share houses, are, you know, have some sort of basic support component where a worker might be available for an hour a week, and I actually went to pick up a young person and I couldn't walk in the door because the marijuana smoke would have made me high in about two minutes.

There is usually alcohol, drugs, and violence very close by, and for a very young person, it's extremely scary. The private rental market in Bendigo is very limited. I'd just like to highlight one young man that was in our program for just above two years. He also had an ABI, an acquired brain injury, and he'd been successful in obtaining part time employment as a car detailer. Hunting and hunting, three months of applications, probably one every two days to private real estate agents. The only property he was able to get was 14 kilometres away from where he worked. He can't drive, he has no licence. The public transport doesn't run in the area.

So he lost his job, and that is quite often a reality for young people in this area, that their options for accommodation are extremely limited. One of the key areas that you actually – was provided on a document was: what would it be like if you couldn't get supported accommodation? I actually spoke with Kylie last Friday and said, "Would you be willing to come and talk about this?" Kylie doesn't come from Bendigo. Kylie comes from suburbs of Melbourne, and Kylie has been homeless since she was 14. She has been addicted to IB amphetamines and she has quite significant mental health problems.

So in a sense, we rescued Kylie. The reality is that the only decent long term drug and alcohol rehabilitation program – there's one rurally near Kilmore, which is run by

the Salvation Army – basically, the only way she could get any priority was to be living in this area. So we actually took Kylie on that basis, but we also took Kylie on the basis that she's recognised in her life that many of the things that have happened and that she has been involved in are not good for her. So I'm wondering if Kylie might just have a brief chat.

MS McDONALD: Okay. So about - - -

MR BUTLER: If you weren't here, where would you be?

MS McDONALD: Where I'd be. I'd be in Melbourne, currently homeless. I'd be with a boyfriend who is violent domestically, but I'd be forced to stay with him. I've got – public housing, I know, takes about seven years to get a place. I've been sleeping on my mum's couch for, I think it was six months, and it was supposed to be two days. Since I've come up here, I've been given the opportunity to make a fresh start. I haven't used any drugs since I've been up. The house is really supportive. I've made connections I otherwise wouldn't have been able to make. It's the only time in my life that I've felt safe and secure. And otherwise, if I didn't have this opportunity, I'd just – yes. I'd keep doing the same lifestyle, which leads to nowhere, so, yes.

THE CHAIR: Thank you very much.

MR BUTLER: Just two more things I'd like to highlight, if that's okay. One of the other things that we actually believe that we have a significant role in is stopping the revolving door of acute units. So out of the – I said 68, I think it was – 68, I'm only aware of two young people that have been through our program that have been readmitted to the acute unit. So on a dollar basis, I'm wondering how much money we actually save here, considering the cost of running an acute unit and nursing staff and all the infrastructure that you actually need, whereas if we can work with young people in the early stages, we're hoping that we have young people that really don't need assistance from those services.

Within our actual program at a point next year, myself and one of the other workers will be handing over in marriage one of our first clients. That is quite significant for us. She's just about finished her social work degree and she had quite severe illness. The other one is one of our young clients was a young mother who had postnatal depression and I think she's probably finished her fourth year of teacher training, and she came to us as a 16 year old girl. So people who that come through our program end up being connected to the community develop what we would normally call support networks. When I'm feeling down, I ring a friend. They don't have friends to ring.

A comment that has been said to me many times when I suggested we go to the library is, "We thought it was for rich people." The main issue for us, really, is that there is extremely limited accommodation for young people, and the types of accommodation that generally are available are not safe. The potentials for people to fall back into patterns of negative behaviour are really clearly demonstrated. If Kylie wasn't here, she'd still be using. And I'm aware you've had the full document from our organisation, so thank you for this opportunity.

MRS POWELL: Thank you.

THE CHAIR: Thank you.

MRS POWELL: Can I start?

THE CHAIR: Yes.

MRS POWELL: Ray, can I ask you a question and then just follow it on to Kylie? What we've been hearing is the need to have accommodation in a person's own community. We understand that in Bendigo, there are people that have come to organisations here while the organisations in Bendigo have actually come from other areas of the state. Because of lack of accommodation, they've come to Bendigo. So is it your view that it's very important that those residences look after their own? And I'd also like to follow on for Kylie to find out whether you think the fact that you've moved away from your community and your being supported in a place that is not your community – is that a good thing or a bad thing? And are you going to go back to Melbourne, and if you do, is there an opportunity for somebody there, supporting you there? Sorry it's a two-pronged question, but it sort of follows on.

MS McDONALD: It was a good change moving up to Bendigo because of all the Melbourne stuff, the negative lifestyle, but when I move out of here, I assume that I'm going to have to go back to Melbourne. My only option there is a boarding house, which means I should get back together with my violent ex-boyfriend, and start using again. Boarding houses are horrible, there's people injecting in the hallway, fights every night. You can't go to the shower without catching tinea. Yes, it's really unhygienic. I've sort of used all the options of staying with parents, so – as most people do, yes.

MR BUTLER: I'll just elaborate a little bit. This is a touch my heart job, because we're funded to provide service to the Loddon Mallee region. The other young person I talked about was initially assessed by us is the program in Wodonga, which isn't staffed 24 hours a day, so we actually have this young person and we'll probably have him for about a year or so to increase his living skills and help him learn how to keep his lips together when he should, and then he'll probably move back to that area, but they're, I think, the first two young people that have actually been outside our funding base for this region.

MRS POWELL: Can I just ask one more, because it's a line of discussion that I think the committee needs. Kylie, you were saying that if you go back to Melbourne, there's an option for you to go back into your negative habits. Would your program – I mean, you've only been there a number of weeks, five weeks – if Kylie stays there for a year, do you believe you're going to be able to give her the skills and perhaps the motivation for her to seek a different lifestyle?

MS McDONALD: Hopefully.

MR BUTLER: Come on, I'm a bit more positive than that.

MS McDONALD: Yes.

MR BUTLER: About two weeks ago, I approached Kylie when she was sitting out back of her unit having a smoke, and I said to her, "Look, I'm sorry, you've been a real disappointment to me." And Kylie looked at me with this sort of downcast face, and she said, "Why?" And I said, "Because we're expecting you to cause us hell for three to five months and you've failed miserably." Look, I'd clarify that my comment about anecdotally only knowing two of our ex-clients that have had to continue to go through acute units and that – I think there is about four that are partway through or completed tertiary studies – that people, when they leave our program, are able to live in the community.

They are able to deal with life and survive and actually prosper, so my belief is that when Kylie decides to move on, it will be her choice where she goes, but she'll have the skills necessary to be able to – I'll put this simply – negotiate, because the number one skill that we would focus on is learning how to negotiate with the other people in your house. And that translates right through your life.

MS WOOLDRIDGE: You've got 10 beds. What's your sense of, I suppose, the demand? You know, do you – are you regularly turning people away who you would like to be admitting? "Admitting" is probably not the right word but, you know, having in your home – what's your sense of, I suppose, how much is needed versus how much you've got?

MR BUTLER: There is a lot in – I'm just trying to think of the best way to word this – because in a sense there is very little these days that is more than two weeks, three months, six sessions – we've got two years. Two years is unique in the service system like this, to actually be able to work intensively with someone, and so – I'll give you Mildura. They ring and, "Have you got any beds?" I say, "Look, at the moment we're full, but please refer." Well, there's no point because they're there for two years. So there's this revolving cycle where we continue to communicate and say, "We really need you to refer regardless of whether we're full or not, because the only way we have an argument to show on paper that there are a lot of referrals coming is if you refer. If you don't refer, we've got nothing to say." Mildura has referred 30 clients, and we've only been able to accommodate one.

Probably the key thing is selecting people, and so generally we are almost full. As of probably about half an hour ago, we'll have nine young people in the program. We've had three move out over the last four months. We still provide some outreach service to those people. Yes, it's important to select someone – and I'll just explain, quite often when you're talking to a young person, they've been through various systems and I always say they've been therapised by experts, and so you get quite often a set piece: "Yes, I want to get a job," or "I want to go back to school," and you can see past that. That is just what they believe you expect them to say.

With Kylie, we were very clear that Kylie has actually recognised in her life that her life is stuffed, and what she is doing is going to ultimately end up with her not living a full life, and it was very clear from how she spoke. So in general, it's no point coming if you don't want to change, because our program is about change, and it's probably the most challenging thing that most young people ever do.

MS WOOLDRIDGE: And can I just ask where people tend to go given the challenges in the rental market, share houses, boarding houses – when people leave MIND services, where are they tending to go, and is that appropriate?

MR BUTLER: The vast majority have ended up in private rental. As I was travelling somewhere last week, I got a phone call, and it was from one of our original clients who came into the program in August '99, and he's just been granted a Ministry of Housing flat in Bendigo, so it's taken an awful long time.

MS WOOLDRIDGE: Nine years.

MR BUTLER: He went from a share house where he went back onto heroin and stopped taking his anti-psychotic medication to kipping on his old man's couch a little while, but his old man's a chronic alcoholic, as he is. He ended up with diabetes. On the story goes, and he ended up in private board. And he's been in private board for a couple of years now. Most of the rental market – I hope there's no real estate agents here – is fairly substandard for the amount of money that a young person can afford. Two of our ex-residents are in a share house and they were kicked out recently for bizarre behaviour. It's very challenging where you go. One has ultimately moved to Western Australia because his family has basically moved away from him, and he's actually a well individual and we've been able to reconnect him with the family and he's moved there.

MS WOOLDRIDGE: So what's the solution there? You know, what do we need? What would satisfy - - -

MR BUTLER: Well, I'm age group specific, so for us, there needs to be more affordable accommodation for young people with ongoing support that can then taper off when it's not needed. Within our whole organisation document, Judy Rose has a comment in there – she's from Wodonga and it's very true – you put a person in a house and you support them and their skill levels increase to the point that you don't need to be involved, but there is no throughput because they've developed that as their home and their network is around them. So what do you do? Say, "Okay, you've done your time, now move on?" And you can't really do that, so – this isn't directly about me, but it's about that throughput stuff.

One of our young people was with us for four years because there was nowhere. This young person had schizophrenia and Asperger's syndrome and it took probably two and a half years to find somewhere for her to go. They need to be safe, they need to be near public transport to maximise their options in life. The story of the young man, it's only two months ago that he lost his job because he just couldn't get there.

MS WOOLDRIDGE: Thanks.

MR SCHEFFER: Yes, I just want to ask you two things. The first one is you – the units that you've got, you said they were funded about 10 – 15 – '99, I think you said. What was the process for getting those up, and are you looking to have any more?

MR BUTLER: I wasn't there at the time, but I gather there was perceived need for these places for young people with mental health issues, and the federal government at the time put out submissions. There is five houses. One is the staff area, and I don't know that we actually want to grow in Bendigo. I'd suggest that there needs to be some probably fairly serious work done in the north of this region, because I believe there is quite a major need in that part of the region.

MR SCHEFFER: Right. The other part of my question was, you touched on real estate agents and the difficulty of the private rental market and the suitability of the properties that do come up, both in terms of public transport and their standards. But do you have ongoing relationships with real estate agents so that they understand where you're coming from and that there are safeguards and, you know, that things won't be let go? That there is supervision? Do you have those conversations?

MR BUTLER: The problem is that our clients are with us long term, and I've had some discussions with real estate agents who want the dollars. They're not really interested in anything but maintaining that property and getting their dollars. That has been my experience with two separate real estate agents here.

MR SCHEFFER: Do you think there is some way that the government or local government or agencies within the system could – Chamber of Commerce, I don't know – assist in building some bridges there?

MR BUTLER: Look, I think that is quite possible. For myself, I'm only a very small part of an organisation. I have sitting in the back of my head the stigma and the realities of – I'll give you two very brief examples. I had second year nursing students come through our program for a four week placement. We made this decision because, basically, nurses only experience acutely unwell people in hospital, so we wanted to actually open their eyes to the possibilities that people with mental illness are just normal people that have an illness. I was a mature age person and I asked them what their understanding of bipolar disorder was, and they thought it was an eye disease, and they'd just done a three month psych elective at uni.

So I suppose I'm trying to illustrate that, in my contact in the community, people have little understanding, or they don't want to know. The other very brief thing is there was a specific course run at a post-secondary institution in Bendigo for people with literacy and numeracy problems, and I took a young person – they were assessed, and I got a phone call two days later, and I said, "Has so-and-so got in?" And she said, "Just got a few questions." And I said, "What's it about?" "Some of the teachers were worried he might attack them with a chair." And my response was, "Do other students attack the teachers with a chair?" Now, that is a highly educated person that made those comments, so it's very challenging because you have to somehow defeat those perceptions in the community.

THE CHAIR: If I heard it correct, you said your clients stay only two years with you? Then what happens to them? How do they move?

MR BUTLER: From the minute they walk in the door, we're planning for them to walk out the door, so our whole program is focused on: what are the skills that they

believe they need, what do we perceive that we can help them with? And we plan for them to move on successfully.

THE CHAIR: So most of them are successful? What, they - - -

MR BUTLER: And there is that heart thing that I'm always involved in, so for a period of time, I was very sad about an ex-resident, but my colleague said, "He's never been back to hospital." So as a baseline, he didn't get to the point I wanted him to get to. He only got to here, but he's never been back to hospital so, you know. He's living his life. He's gone as far as he chooses to go with his development, I suppose.

THE CHAIR: All right.

MRS POWELL: Ray, can I just ask you – with the private rental market, one of the issues isn't really stigma about a person with a mental illness or disability. It's the outcome of if that person damages the property. Is there somebody that would, if the person skips bail – or the bond, not bail, bond – if the person skips the bond or damages the rooms or the building, is there somebody who repairs that damage or pays back that bond?

MR BUTLER: Generally because they will be either on very limited income or on some sort of Centrelink payment, they're usually able to apply to the bond scheme through the Office of Housing.

MR SCHEFFER: Who, the agent applies?

MR BUTLER: No, the person.

MR SCHEFFER: Sorry, the tenant.

MR BUTLER: So on occasions when there has been accidental or non-accidental damage in our program, they paid for it. The young person, I mean. So that is our expectation. In the case of the two young people that were evicted, one of them had stopped taking his medication and attacked what was attacking him and punched a few holes in the laundry, and my understanding is that he has actually mailed the money to the owner recently.

THE CHAIR: Okay. Thank you very much.

MRS POWELL: Good luck, Kylie.

MS McDONALD: Thank you.