

FAMILY AND COMMUNITY

DEVELOPMENT COMMITTEE

MR J. PERRERA MLA, Chair
MR W. NOONAN MLA, Member
MR J. SCHEFFER MLA, Member
MRS J. POWELL, Member

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

Nina McDonough-Monahan
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TRARALGON

TUESDAY, 21 OCTOBER 2008

THE CHAIR: The next one is, Nina, Nina McDonough Monahan.

MS McDONOUGH-MONAHAN: Good morning, ladies and gentlemen. My name is Nina McDonough-Monahan and I'm from Central Gippsland District Aboriginal Co-op. I am based down in Morwell. The presentation that I'm about to provide for you today is very informal.

THE CHAIR: Good morning, Nina. Thank you very much for turning up this morning.

MS McDONOUGH-MONAHAN: My pleasure.

THE CHAIR: And welcome once again, welcome to the public hearing of the Family and Community Development Committee's inquiry into the provision of supported accommodation for Victorians with disability and mental illness. The Committee is looking into issues such as the standard, range and adequacy of care and accommodation currently available, the appropriateness of the current service providers, how unmet need is managed in Victoria accessibility and appropriateness of accommodation for rural communities. It can include diverse communities, indigenous Victorians and impact of the current service provision on families and carers.

This committee is an all part investigative committee of the Victorian Parliament and is due to report to Parliament by 30 June next year. After which the government has up to six months to reply to the committee's report and recommendations. All evidence taken at these hearings are protected by parliamentary privilege as provided by the constitution of 1975 and further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and where applicable, the provisions of the appropriate 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 will provide a proof version of the transcript to each witness at the earliest opportunity so that it can be corrected as appropriate. Now I would like you to make a verbal submission or make some opening comments, then followed by questions. Thank you.

MS McDONOUGH-MONAHAN: Basically, if you have a mental illness in Gippsland and you are Aboriginal or indigenous, one or the other, you really start behind the eight ball. When it comes to supported housing, the only options are to be with your family, to use, for instance, SNAP, Chris's service, which she has spoken about, and to be supported in your community by a social and emotional well being program which is what I run, and basically SRSs, special accommodations. There's a number of people who are being placed, at the present time, in special accommodation places as well. Which is really quite sad because it's very inappropriate.

You have got young people – for instance a 38 year old woman that has a mental illness is placed in a special accommodation service simply because she has an illness and she's not managing very well, and she is being placed with elderly residents who are, you know, in their 80s and 90s. It's just not appropriate, not appropriate at all. So, that's quite sad. I know of families where there have been such a lack of housing

that caravans have been placed in their backyards and this is, for instance, with one particular family, where there is the gentleman that has the illness is in the caravan, he unfortunately becomes very unwell very quickly and has a tendency to become quite violent, which is really quite sad.

His mother and family are terrified of him, and they can't get any other accommodation because, for instance, if you are Aboriginal and you try and get private rental, everyone – it's just a no go. No one will give you a private rental if you are Aboriginal. There's no housing stock. The Ministry of Housing that he has been told of, and there have been no other options provided to him from clinical mental health services who case-managed this gentleman. So it's really, really quite sad. There is high incidences of domestic violence within families because stress levels are that high, high levels of drug and alcohol usage. So to be unwell, mentally unwell, and be in a drug culture is extremely difficult, and there are also issues around abuse as well.

So as a result, you know, these people live in extremely stressful situations, simply because there is no housing options available. I guess there are other housing services around, for instance, that provide emergency accommodation, and we find that people tend to do a bit of a loop. They go through the emergency, then – as almost like a respite, emergency accommodation, then they will go back home, and then later, they will come back into the emergency accommodation sector again. So it's that revolving circle, which is really, really sad, because these people are frequent users, and you know, it's really difficult, because they're taking up places for people who also have – you know, need emergency accommodation as well.

But I guess the thing is, what we really need to do is somehow put a stop in that deviancy cycle, and somehow come up with more appropriate accommodation. For instance, one of the things that I had been thinking about was having a hostel-type situation, where there would only be – or a group home, you know, five or six people living together, all being indigenous, and having a sense of culture, and having a sense of being connected to their culture, their history, their language, their heritage, and really providing a culturally sensitive healing place. Not necessarily a recovery centre or anything like that, but a healing place, because that's what it is all about, when you think about mental health in the Aboriginal culture, it's about healing. And I guess the thing is that I really would like to stress is the stress that is on families. What tends to happen in the Aboriginal society is that people are very connected, family wise.

So a sick relative will also stay with mum and dad, then go and stay with auntie, then might go and stay with grandma, and so the person is almost transient, you know, they're sleeping from one couch to the next. And that could be, you know, a couple of days at one person's – family member's place, it could be a week, it could be two weeks. But you know, this person is constantly juggled from one family member to the other, and hence doesn't have a sense of security about their housing, which, you know, causes a large amount of stress for the person, which in turn can exacerbate symptoms. So it is very, very unsettling, and the majority of issues that people have when they come to see me is housing. And it's just, you know, you're in a really difficult position, because you can't – something out of nothing. So that is my very informal presentation.

THE CHAIR: Thank you very much. Before going to the question I missed out before, I introduce my deputy chair, Jeanette Powell, Member for Shepparton, and also Johan Scheffer, Member for Eastern Victoria, and Wade Noonan, Member for Williamstown, and also our executive officer, Marcus Bromley. Jeanette, you can go first.

MRS POWELL: Nina, I guess your clients are very complex, because you're dealing with Aboriginal people with a mental illness, with maybe some history of abuse, and also maybe drug abuse and alcohol. You were talking about having a hostel-style accommodation or a healing place, rather than rehabilitation. What do you deal with first? The accommodation seems to be the end. If you could get the mental health issues under control, the abuse, the alcohol and drug abuse under control, then perhaps the accommodation will flow. But while the person is presenting with bad behaviour, or whatever else, the accommodation is not – you're not likely to get that person into private rental, or any sort of rental out in the community, while that person is behaving that way. So how do you get under control those issues, before you look for accommodation?

MS McDONOUGH-MONAHAN: Look, I guess I see it from a different perspective. I see it from housing first, because if you don't have a secure roof over your head, you know, everything becomes a huge issue, you know, the fact that – how can I store my medication and take my medication on a regular basis if it needs to be stored in a fridge, and I haven't got a roof over my head, so how can I put it in a fridge? Simple things like that. So I see it the reverse way. I see it as accommodation being first.

So once a person does have accommodation, and gets settled into that accommodation, I would then be looking at their mental health issues in relation to their, perhaps, drug and alcohol issues, and past issues that need to be dealt with, or healed. You're right; it's a very multi-faceted issue. No one person comes to me with one single issue, you know, those days are gone. I'm living in a dream world, you know. It would be at least five or six issues that people have when they come to see me, once you dig below the surface.

MR SCHEFFER: So could you – it's very good what you have just been telling us about. Could you just step us through what you do on a day by day basis? You're obviously involved in a community; so many people have been known to you for some time. But how do you process an issue around a particular client?

MS McDONOUGH-MONAHAN: I guess the thing is, people generally come to me for something very insignificant, and it might be something like a food voucher, or – it's usually a food voucher, because people some times may request a petrol voucher, but then a lot of people don't have cars, so it's usually a food voucher. Then what I would do would be sitting down to them, and explaining, you know: What got you here in this position? What have you been up to, what has been going on for you?

And then you find that, you know: Things haven't been going really well, I couldn't pay my rent, or you know, I haven't been taking my medication because I couldn't afford to buy medication, I don't have a roof over my head, you know, because my

family kicked me out, you know, because I was doing marijuana, or yandi, to try and bring the symptoms down, because I couldn't afford my medication, because I spent it all on yandi, and you know, it's very, very complex. So it would be just through informal, general conversation, very non-judgmental. With Aboriginal people, you – they can sense judgment like that. So you have to be very, very non-judgmental, and just sit back and say: Yes, okay, so that has been happening, you know, what do you want to do about it?

And generally people say: Look, you know, I need somewhere to live. So well, okay, you know, these are the options that you might have, and we might talk about emergency housing, Ministry of Housing, you know, as a long-term option, friends you can stay with, perhaps family members that you might be able to stay with, and just identify a few different options that people might have. And then what we do is, once the person has worked through those options, we then make contact with the people, put a referral in for emergency housing, take the person up there, because we all know that Aboriginal people are extremely reluctant to engage in mainstream services.

So we actually support people to actually go to these places, and fill out the forms. A lot of Aboriginal people are unable to read or write, so we actually complete forms for those people, things like that. So there is a lot of, you know, traditional, mainstream, white Australian mainstream society would see as a lot of hand-holding, but it works, and it works well. And that's the sort of thing that we need. We need more support services for people who are in this position, because if we just say to people: Okay, here is a housing application, Quantum is just up the road, you know, they will walk out the door and they'll go: I don't think so. I don't know anyone at Quantum, I don't know anyone at Ministry of Housing, I'm not going there. So that is why you have to really engage with people and take them up there. And they're the sorts of support services that we are lacking.

MR SCHEFFER: Can I just ask one more thing. Do you do – do you travel around?

MS McDONOUGH-MONAHAN: Yes, I do.

MR SCHEFFER: Where are you based?

MS McDONOUGH-MONAHAN: I am based in Morwell, but I cover – the program that I represent covers from Warragul, Morwell, Sale, Bairnsdale, Lake Tyers Aboriginal Trust, and Orbost.

MR NOONAN: Thanks, Johan, and thanks for that informal presentation. My question, I suppose, goes to the extent of the problem in the area, how many people you might be servicing, or supporting probably is the better way to term it. That would be the first part of the question. The second part, in terms of housing, which you have touched on, is in terms of Aboriginal people, let's say, with mental health problems or a disability, whether they are better placed to be with other Aboriginal people for that support, or whether your experience is that a mix with non-Aboriginal people in terms of housing is, the housing is appropriate, whether that is just as valuable for Aboriginal people. So a two-part question.

MS McDONOUGH-MONAHAN: Yes, sure. When you say “How many people are you servicing,” are you talking regional-wide?

MR NOONAN: Yes, supporting. So Johan asked you a question about your catchment, I suppose. I am a bit interested in the quantity of people you’re supporting, particularly in the issue of housing.

MS McDONOUGH-MONAHAN: Okay. In the issue of housing, we would be having contact, regional-wise, with probably about 200 people across the whole region, or my catchment. And in regard to whether people should be housed with non-Aboriginal people as well, look, that is a really Catch-22 position. I guess if I was mentally unwell, I would like to be with familiar things in my life. Because if you lose touch with reality, you need something to stabilise you, you know, to ground you, almost. So being with somebody who looks the same – similar to me, somebody who comes from the same culture, speaks a similar language, if not the same language, has the same customs, has been through similar issues and what I have been through, I would find that quite comforting.

So for the initial stages, I would say that that would be really appropriate. When it comes to – later on, where people perhaps have got a better understanding of their illness and how it affects them, and have more control and management over it, I could quite say that mixing in mainstream society may not be such a bad option.

MR NOONAN: Okay. Thanks.

THE CHAIR: In the Aboriginal culture, when compared to the mainstream culture, they have an extended family relationship, so for the benefit of the mentally ill, can that be used, or can Government – could do anything to boost up that?

MS McDONOUGH-MONAHAN: Very much so. The role of a carer is really undefined when it comes to Aboriginal culture and society, because the burden of care is really shared around. So for instance, taking that into account, you know, like having, say, four of five designated carers within an extended family, you’re receiving financial assistance in order to be able to support that person, whether that be – I’m not necessarily saying full assistance, but perhaps a pro rata, you know, would be really, really valuable, because people tend to flow from one relative to another. And I think we need to be very culture-specific when it comes to looking at carers, you know, with Aboriginal society, because it is not defined.

I have seen the carers’ Centrelink papers, and they’re just, you know, pardon my French, a bloody nightmare, you know? Trying to get a carer’s allowance and tick and flick the boxes and everything is almost impossible if you have got a mental illness. So that’s one reason why you don’t see a lot of carers who care for someone with a mental illness claim the carer’s payment. But to be Aboriginal and then trying to go for a carers payment as well is even more increasingly difficult.

THE CHAIR: Any more questions?

MRS POWELL: I have got another question. Nina, you were saying – I like your idea of the hostel-style accommodation. My experience speaking with Aboriginal

people is they often don't like going to the services, like to the hospital or to the doctor's surgery, because they feel, whether it's true or not, they feel that they're being discriminated against in some way. At least with the hostel-style accommodation, the services would go to them. Could you explain a bit more about how you see that would work?

MS McDONOUGH-MONAHAN: Look, the last thing you want to do is create a mini-institution. I think that is exactly what we do not want, and I guess what I would be doing if it was me, I would be basing it very similar on a PARC model, Prevention and Recovery Service, where there is a designated team of treating – a designated treating team that have the ability to come in, carry out their treatment, and then are removed, and then the support staff, you know, are generally looking after, or managing everybody else that lives there. I think a model like that would be really appropriate, because it would be less invasive. I think – my contact with people that have been in the inpatient unit here, called Flynn, has been absolutely horrendous.

The food is not what people eat, they're in a congregate setting that – and they're unwell. They have no idea of the routine that is going on around them, the whole thing, and people are just – their level of anxiety and stress is huge. That exasperates their illness, they become more unwell, some times they get really – so anxious that they become restless, and you know, a little bit aggressive. And it's just a circle. Just a circle. So I think, you know, the model of being community-based, where it's linked to culture and heritage, and having a treating team, a designated treating team that would almost be on-call, but would float in on a day basis, and float out, would be really appropriate.

MR SCHEFFER: And that's what you mean when you talked before about a healing place?

MS McDONOUGH-MONAHAN: Yes.

MR SCHEFFER: So it's not – does not need to literally be a place, but it's a - - -

MS McDONOUGH-MONAHAN: To me it might be being with my auntie Bess. That's my healing place, you know, just somebody else. It might be living in a group setting where the treating team does come in and helps me out when I'm acute. So that would be my healing place. So you know what I mean, it's different for every person, depending upon where you're at in your illness.

THE CHAIR: No further questions? All right. Thank you very much.

MS McDONOUGH-MONAHAN: Thank you.

THE CHAIR: And we will send you the transcripts for corrections.

MS McDONOUGH-MONAHAN: Terrific. Thank you for your time.

MRS POWELL: Thanks, Nina.

ADJOURNED

[9.58 am]