FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into the provision of supported accommodation for Victorians with a disability or mental illness

Melbourne — 5 November 2008

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Witnesses

Ms P. Lewisohn, and

Ms J. Rafferty, carers.

The CHAIR — Good morning. I would like to remind witnesses that 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 will provide a proof version of the transcript to each witness at the earliest opportunity. Please go ahead with your presentation.

Ms LEWISOHN — Judith and I co-chair a mental health support group, Inner South Parents and Friends, in the Alfred region. We sent a written submission and we have come to support that written submission. We have 120 members, so we get a bit of a broad-range view of the difficulties that families face in finding supported accommodation for their family members.

Ms RAFFERTY — In our region there are a number of transitional rehabilitation residential accommodation units. We believe that people require permanent long-term accommodation, but that is very rarely available. A lot of members of our group are elderly people who have one or two mentally ill relatives living at home with them, which in many cases is just impossible for them. They live in small flats. One member has a mentally ill daughter and a partner and a baby and they are all living in a small two-bedroom flat. Another member is a person from a CALD background. She has two mentally ill daughters living with her in a small two-bedroom unit and suffers abuse from neighbours who do not understand her situation very well. It is public housing. It is just inadequate because she does not get any sleep at night. She sleeps in the lounge room and is desperate to get the daughters into other accommodation.

Ms LEWISOHN — I think our general experience is that government has withdrawn support from public housing. It is almost impossible to find long-term accommodation. It really gets back to a lack of housing. I think everybody needs a roof over their heads. The lack of that roof can exacerbate mental health problems. We know of cases where people have been discharged from the psychiatric unit at the Alfred hospital onto the street without ongoing psychiatric support, because it cannot be provided if they do not have a place with a roof to go to.

In one instance a man in his 30s with bipolar disorder was discharged in those circumstances. He has drug and alcohol problems which cannot be addressed because he does not have an address for people to contact him at. He broke into his mother's apartment at 2 o'clock in the morning and threatened her for three hours before she was able to get her mobile phone and contact her estranged partner to get him to call the police. There are some desperate situations out there. A lot of it just gets back to a basic lack of low-cost housing. There are far too many people living on the streets. It causes mental health problems. Many of them did not have mental health problems until they found themselves without a roof over their heads.

Ms RAFFERTY — The alternative accommodation for people with a mental illness is in a supported residential service or a rooming house. They are quite substandard in the support they provide. People just languish there in a cycle of poverty. I heard an Alfred hospital psychiatrist say that the supported residential services places are like a de facto psychiatric ward, the people are so mentally unwell in these types of accommodation.

Ms LEWISOHN— Our observation is that where accommodation can be provided within the means of somebody with a mental illness, there is a very real prospect of them recovering from an episode of illness and rejoining the workforce. The cost to our community of not providing sufficient low-cost accommodation is huge. More and more people who become unwell are denied the opportunity of recovery.

The mental institutions were closed on the basis that psychiatric medication was such that people had good prospects of recovery out in the community and lesser prospects if they were kept

behind closed doors and institutionalised. Because the support services and low-cost accommodation are not being provided, we are now having more and more people becoming mentally unwell without prospects of recovery. It is a huge social problem.

The CHAIR — Thank you. You said 'substandard' accommodation. Is that across the board; are you referring to all the accommodation?

Ms RAFFERTY — Recently there was an inquiry into the type of care offered in the supported residential service places, and we refer to that in our report. The 85 per cent of income that people pay traps them in poverty. Often nutrition is poor. The maintenance of the residential services is poor. In some cases hot-water services break down and in others there is no heating.

Ms LEWISOHN — We were referring to supported residential services. This is special accommodation. We are not talking about accommodation across the board.

Ms RAFFERTY — These services are private and for profit. Some receive some funding from the Department of Human Services, but it is just to provide limited programs for the residents. As they are mostly a private, for-profit concern, standards there can be quite poor.

Ms WOOLDRIDGE — Given that you are a parents and friends group — you have talked about the implications for the individual — what are the implications for you and your members in the context of the current provision of supported accommodation?

Ms RAFFERTY — We just see our members suffering. Their health suffers. A lot of them actually see psychologists and psychiatrists themselves and are on medication for depression.

Ms LEWISOHN — A lot of our members are aged between 60 and 80. Like the lady from Werribee who spoke previously, similar circumstances arise for the parents of people with family members who are mentally unwell and who live with them. They worry as to what will happen when they die. I know one particular couple — he is our treasurer — whose daughter is an only child. They worry what will happen to her when they pass on. She is actually living independently. They have saved and have managed to put a roof over her head. But those who have their family members living either at home or in a lean-to in the backyard, of which there are a number, they go to bed at night worrying.

There are the community implications as well. This is an escalating problem which is not really being addressed. I personally think it gets back to economic rationalist models of governance where government has withdrawn from basic services and has tried to push more and more services into the private sector. I am not certain that the private sector is actually taking up the tab. There is a profit motive in the private sector, which perhaps does not sit well with the provision of low-cost housing, particularly for people with mental health and disability problems.

The other problem is that that model of provision of services means that you have a lot of organisations competing with one another for government funds. A lot of effort and energy on the part of their employees goes into writing reports and competing for funds instead of actually providing them. It is a tricky situation.

The CHAIR — Thank you very much for your presentation.

Witnesses withdrew.