

**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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**The CHAIR** — Welcome to the hearing.

**Ms STORM** — I am Caroline Storm. I would like to thank you all for allowing me to speak to you today. I had been the carer of my daughter, who was severely ill with schizophrenia, until she died by suicide. I have become an advocate in a kind of private way for the severely mentally ill. I am specifically concerned with these persons' distressing lack of clinical, supported and private accommodation. This committee offers the only hope we seem to have for improvement in those housing problems. I am capable of speaking for only the severely mentally disabled but I think there is much that connects us, the carers of the physically and the mentally ill.

Persons considered severely mentally ill are those who suffer from schizophrenia and bipolar disorder. Both are incurable organic diseases of the brain. There is a global suicide rate of 11 to 15 per cent for the severely mentally ill. There are 115, 000 such persons in Victoria and 45, 000 of them receive no specialist mental health care at all. Frequently their lives end in homelessness and suicide. There is some evidence that 25 to 35 per cent of the homeless have schizophrenia. The severely mentally ill are the most excluded, stigmatised, neglected and abused citizens in Victoria.

Adequate stable, secure, affordable long-term housing is an absolute necessity to the optimal survival, recovery and social inclusion of the severely mentally ill. Housing is of the same crucial and survival importance for them as chemotherapy is for breast cancer patients or cardiac surgery is for gravely ill heart patients. If such treatments were routinely withheld there would be a public outcry. For the severely mentally ill, the routine withholding of what is needed for their survival produces only a deafening political, bureaucratic, professional and public silence.

The Australian Human Rights Commission has said in a report that:

One of the biggest obstacles in the lives of people with a mental illness is the absence of adequate, affordable and secure accommodation. Living with a mental illness — or recovering from it — is difficult even in the best circumstances. Without a decent place to live it is virtually impossible.

The commission published this report 15 years ago, in 1993, when the second stage of deinstitutionalisation — the un-housing of almost all persons in stand-alone psychiatric hospitals — was about to begin. Deinstitutionalisation per se is not the cause of the terrible problems of the mentally ill. They are the result of not doing it efficiently and doing it in the wrong order. The second stage is finished but the first stage has never been finished. Without a decent place to live, it is virtually impossible, as the commission said, for the severely mentally ill to stay alive, let alone reach recovery. The commission's clear warning of illness and death has been virtually ignored by all Australian governments in the past 15 years.

In metropolitan areas, the severely mentally ill make up between 60 to 80 per cent of those who are homeless. In Victoria we have the classic example of Parkville Gardens, formerly the games village. Two hundred social housing units were promised to people — 20 per cent of 1000 dwellings. In the end, we received a 100-bed aged care hospital, 85 units for social housing and 14 townhouses which will be built some time in the future, and DHS asserts that the disability trust is to be given one unit which will be allocated by them for, and I quote, "persons with a range of disabilities."

Our Victorian mental health minister, Ms Neville, totally agrees with the statement from the human rights commission. She wrote:

Without the foundation provided by stable housing, self-management of any individual's mental health problems is extremely difficult, along with any move towards recovery and participation in the community.

There has been study after study which points out government economic benefits from housing the mentally ill adequately. The Boston Consulting Group (BCG) was commissioned to examine aspects of the care of the severely mentally ill. Their report, *Improving Mental Health Outcomes in Victoria — The Next Wave of Reform*, was published in 2006. Basically their attitude about

housing needs is the same as that of the other studies. The report notes that the severely mentally ill who are liable to fall between the cracks of commonwealth and state funding are those who, and I quote:

Have chronic mental illness and require stable, long-term housing and a wide range of support needs that vary in intensity over time ...

It further states that the mentally ill need housing, employment and drug treatment, which is, and I quote:

... critical in recovery from, and the management of, mental illness.

The BCG says that:

“... there is a solid case for investment if the overall gains to the economy are considered.

These gains may be greater than those to be had in many other areas of social policy, given the extreme distress that gaps in the treatment and support of people with mental illness can cause.”

*Homelessness is a Human Rights Issue* is the title of a report published this year by the Australian Human Rights Commission (AHRC). It illustrates our ethical obligation to provide housing, and I quote:

As a party to the ICESCR, Australian governments at all levels are under an obligation to progressively implement the right to adequate housing.

We were a party to the 1966 International Covenant on Economic, Social and Cultural Rights. If Australian governments have refused for 40 years to honour that covenant we, the carers of the disabled, have some sort of obligation to make attempts to have our nation's signature removed from it, because it has no meaning. We in Australia should be revealed for what we are.

We actually were seen for what we are in 2006, when the United Nations Special Rapporteur on Adequate Housing, Miloon Kathari, found that Australia had:

“... failed to implement its legal obligation to progressively realise the human right to adequate housing ... particularly in view of its responsibilities as a rich and prosperous country. The result is a national housing crisis affecting many sections of the population.”

In the federal government's recent green paper, homelessness is identified as:

... one of the most important markers of social exclusion.

The AHRC states in its report:

A human rights response to homelessness would involve all levels of government committing to and taking concrete and targeted legislative, policy and budgetary steps towards the full and immediate realisation of the human rights of homeless persons.

What is being done to the severely mentally ill was put brilliantly by a reporter in the USA, where the homeless rate is only half ours — 222 per 100 000, as opposed to 500 per 100 000 here in Australia — but their treatment of the homeless is apparently the same. I quote that reporter:

Most homeless individuals with severe psychiatric disorders are not being treated. Most of them have anosognosia and are not aware they are sick, but legally we protect their right to remain sick ... it's as if we suddenly respected the right of Alzheimer's patients to wander wherever they please. Sounds ridiculous, but that's basically the situation with so many of the people we call homeless.

In Victoria our severely mentally ill have the terrible distinction of being the only group of 'most severely ill' in any of our health services who do not receive what is the best care necessary for survival and as good a recovery as may be possible. Again, we hope this committee can change what is happening now and has happened for so long. Thank you for listening to me.

**The CHAIR** — Thank you sharing that story with us.

**Witness withdrew.**