SUBMISSION TO FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE – INQUIRY INTO THE ADEQUACY AND FUTURE DIRECTIONS OF PUBLIC HOUSING IN VICTORIA

THE PUBLIC HOUSING NEEDS OF OFFENDERS WITH A MENTAL ILLNESS

Victorian Institute of Forensic Mental Health
Yarra Bend Road
Fairfield 3078

telephone 03 9495 9143
www.forensicare.vic.gov.au

SUMMARY

This submission to the Family and Community Development Committee of the Victorian Parliament, Inquiry into the Adequacy and Future Directions of Public Housing in Victoria, is made by Forensicare (Victorian Institute of Forensic Mental Health).

The submission has been prepared addressing the terms of reference, specifically -

(e) the impact of public housing need on specific groups, including women, seniors, the homeless, indigenous Victorians, refugees, people with a mental illness, substance abuse and/or disability.

This response focuses on the housing needs of people with a mental illness returning to the community from a forensic mental health inpatient facility or prison. The issues arising from the difficulties experienced by our patients and clients are profiled, together with the impact that this situation has on their ongoing wellbeing. These are issues and situations that confront our clinical staff on a daily basis, and we have drawn on their experiences in preparing the submission.

Recommendations are made to address the gaps identified in the provision of public housing for our patients and clients.

INTRODUCTION

The Victorian Institute of Forensic Mental Health, known as Forensicare, is a statutory agency that is responsible for the provision of adult forensic mental health services in Victoria. Forensicare, which was established in 1997, is governed by a ten member Council that is accountable to the Minister for Mental Health. In addition to providing specialist clinical services through an inpatient and community program, Forensicare is mandated (under the *Mental Health Act* 1986) to provide research, training, professional education and services to victims.

The specialist clinical services provided by Forensicare include –

. Inpatient services - Thomas Embling Hospital, a 114 bed, secure inpatient hospital located in Fairfield.

. Prison services - within the prison system we provide a 16 bed Acute Assessment Unit for male prisoners thought to be mentally ill, specialist clinics, outpatient services and a reception program at Melbourne Assessment Prison (the statewide reception prison for males); a 20 bed residential program, intensive outreach program and therapeutic day program for women at Dame Phyllis Frost Centre (the main prison for women in the state), and consultant psychiatrist services to the larger state managed prisons.

. Community services - within our Community program we provide four specialist programs - Community Forensic Mental Health Program, Court Services, a Problem Behaviour Program (for people with a range of ‘problem behaviours’ that have led, or may lead, to offending) and a Community Integration Program (supporting prisoners with a serious mental illness on their transition to the community).

Our patients and clients are primarily people with a serious mental illness who have offended and subsequently been sentenced by the courts to either imprisonment or ordered to receive inpatient or community treatment and care. A large proportion of the patients at Thomas Embling Hospital (58%) have been found not guilty or unfit to plead on the grounds of mental impairment and ordered by the court to be detained for care and treatment. Other Thomas Embling Hospital patients have been transferred from the prison system as an involuntary patient and are returned to the prison system when/if they regain their health.

Forensicare was established to achieve –

- improved quality of services in forensic mental health
- increased level of community safety
- better community awareness and understanding of mentally disordered offenders
- increased specialist skills and knowledge
- policy advice, service planning and research that contributes to the improved delivery of mental health services.

FORENSIC MENTAL HEALTH – A SPECIALIST MENTAL HEALTH FIELD

Forensic mental health is a specialist area within the mental health field that provides care and treatment to people within the criminal justice system who have a serious mental illness. It addresses the special needs of mentally disordered offenders, the justice sector and the community, while providing effective assessment, treatment and management of forensic patients in appropriately secure settings.

Traditionally forensic psychiatry was concerned solely with providing long term containment for the 'criminally insane' and providing assessments and opinions to courts on an individual's state of mind. In many jurisdictions, provision for the care, treatment and containment of serious offenders with a mental illness was grossly inadequate, and at times, inhumane.

There has however, been an almost total transformation of what has become known as forensic mental health services over the past two decades. The management and treatment of people with a mental disorder in the criminal justice system are now just as central to a forensic service as to any other mental health service.

Forensic inpatient services have moved from being primarily psychiatric prisons, and are now specialist mental health hospitals providing quality care, rehabilitation and eventual reintegration into the community. In addition, a modern forensic mental health service also includes a comprehensive range of community oriented, community based services and court services, providing treatment and care, assessments and reports and advice on management. In summary, a forensic mental health service provides treatment and care to offenders and alleged offenders sent to a psychiatric hospital by the courts, to prisoners, to individuals for whom the courts have mandated psychiatric treatment and to patients deemed to present an imminent risk of serious offending.

TERMS OF REFERENCE – RESPONSE

As the statewide specialist mental health provider, our submission will respond specifically to the following term of reference –

(e) the impact of public housing need on specific groups, including women, seniors, the homeless, indigenous Victorians, refugees, people with a mental illness, substance abuse and/or disability.

We note that there is a strong interconnection between the terms of reference, and they all contribute in part to the poor outcomes that our patients and clients achieve in respect to housing. Our submission will, however, primarily address the above term of reference, detailing the public housing needs of our patients and clients and the impact of the difficulties they experience in securing public housing.

Housing needs of offenders with a mental illness

Mental health clinicians report great difficulty accessing suitable housing, in both the public and community sector, for people being discharged from a general mental health inpatient facility. An Australian study found that housing was one of the 40 negative consequences of stigma identified by people with a mental illness and their families[1].

For Forensicare, the stigma experienced becomes even more pronounced when people with a mental illness are being discharged from a prison or Thomas Embling Hospital, and is frequently a barrier to accessing suitable housing. Belonging to an identifiable subgroup of mental health patients and prisoners, forensic mental health patients and clients are more vulnerable than others and more likely to end up without adequate housing[2]. This creates serious problems for Forensicare's patients and clients when they are attempting to secure accommodation, and is a major issue facing clinicians, patients and clients.

A large proportion of Thomas Embling Hospital patients (58%) are people who have been ordered by the courts to be detained in Thomas Embling Hospital under the *Crimes (Mental Impairment and Unfit to be Tried) Act* 1997 (known as 'forensic patients'). These people remain as inpatients, on average, for 6-8 years, prior to beginning a slow, graduated program of leaves to the community. Access to stable housing is a vital element in achieving successful rehabilitation and community reintegration for all people with a mental illness, and this is particularly so for forensic patients (because of the length of time they have been hospitalised in a secure facililty) and others with a mental illness being released from Thomas Embling Hospital, prison or other parts of the criminal justice system.

In particular –

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[1] Byrne, P. Psychiatric stigma, Journal of Royal Society of Medicine, 1997; 90:618-621.

[2] Baldry, E, et al, Ex-prisoners and Accommodation: What bearing do different forms of housing have on social reintegration of ex-prisoners?, Paper presented at Housing, Crime and Stronger Communities Conference, Australian Institute of Criminology and the Australian Housing and Urban Research Institute, May 2002.

. bail applications generally require an address to be stated to the Court in order for the application to be successful. There are minimal options for prisoners requiring accommodation to gain bail - mainstream accommodation services are generally unavailable for people as a condition of bail and only one bail hostel operates in Melbourne.

. area mental health services in Victoria offer services on the basis of address. A smooth prison-community transition for a prisoner with a mental illness (ie where community mental health supports are in place prior to release), is vital for community reintegration to have a chance of being successful. This can only be facilitated if an address is established prior to release. An address that cannot be arranged until late in the discharge process may lead, at the best, to a prisoner not receiving the optimum level of mental health service on release, or at the worst, not receiving mental health services at all.

  Lack of available housing restricts the ability of area mental health services to engage with newly released prisoners, or newly discharged (or soon-to be discharged) forensic mental health patients and clients, to provide the level of care and treatment necessary to effectively treat their mental illness. Without close, ongoing support, it is likely that former prisoners, patients and clients will have difficulty achieving a successful mental health rehabilitation and community integration.

. Our clinical staff report that the lack of appropriate housing greatly increases the risk of prisoners with a mental illness returning to an itinerant lifestyle following their release from custody. A comprehensive research project of prisoners in NSW and Victoria found that 20% of the participants who were living on the streets prior to incarceration had a psychiatric disability and that without the required resources these participants are likely to find themselves in similar situation post-release[3].

. The graduated program of supported leaves from the Thomas Embling Hospital available to forensic patients, (people found by courts 'not guilty by reason of mental impairment', generally for a serious offence) to assist their community reintegration, is highly dependent on the availability of suitable housing. Participation in the leave program requires the support of the treating clinical team and the subsequent approval of the independent, quasi-judicial Forensic Leave Panel. Leaves are usually initially approved for day absences, leading to overnight and ultimately three day periods. A full graduated program is generally spread over 18 months – 2 years, prior to the forensic patient being considered by the court for supported discharge to the community.

  The difficulties experienced in accessing appropriate and stable housing for forensic patients on overnight leaves cannot be overstated. While treating clinicians will recommend and support a program of community leaves for a patient, a leave application will not be approved by the Forensic Leave Panel until appropriate housing arrangements are able to be confirmed. This can become a vicious circle for forensic patients – the Forensic Leave Panel may

[3] Baldry, E., et al, ibid.

acknowledge the clinical appropriateness and timeliness of an application to participate in a program of overnight leaves, but will not approve the leave program until suitable housing is arranged. The offence and mental health histories and assessed need for rehabilitation and community support of forensic patients, when combined with the overall lack of available public housing, severely restricts the ability of forensic patients to achieve a successful transition to the community.

It is generally felt that the lack of appropriate housing has resulted in some forensic patients remaining in Thomas Embling Hospital for considerably longer than has been clinically indicated. In many cases, the delay in discharge has been months, and in the worst case, years.

. Most accommodation currently available to people being discharged from Thomas Embling Hospital or prison is emergency housing. This type of housing usually does not make any special provision for the housing of people with a mental illness, and is generally located in high crime neighbourhoods. To maximise their opportunity to maintain the level of wellness that allows them to function in a social setting without reoffending, people with a mental illness and an offending history require stable housing in a low crime neighbourhood[4]

. A lapse of sentence and subsequent discharge from hospital or prison on a weekend can be problematic in terms of ensuring continuity of care. Most housing is generally not available, or available at a reduced level on weekends, and without assistance, people with a mental illness newly discharged from a forensic hospital or prison, discharge planning can unravel quickly.

. Waiting lists for public housing (even those 'priority lists' which operate in Victoria) mean that it is rare to be able to discharge patients from hospital to public housing. This applies not only to 'short term' patients, but also long term patients whose discharge date may be 12 months away. The availability of public housing for this group would enable a smoother, safer transition back to the community, supported by forensic mental health staff.

It is well documented that access to stable housing for people with a mental illness is essential for functional recovery[5]. This is strongly supported by our clinical staff, who report that the lack of suitable and stable public housing for our patients and clients is critical. In addition to having a significant negative impact on the well-being and rehabilitation prospects of our patients and clients, the lack of housing works against achieving successful community integration, continuity of care and optimal health outcomes.

Of grave concern is the high mortality rates of people released from prisons, generally associated with drug and alcohol misuse. While the high mortality rate is often cited as

[4] Silver, E. Race, Neighbourhood Disadvantage and Violence Among Persons with Mental Disorders: The Importance of Contextual Measurement, *Law and Human Behaviour*, 2000, 24(4):449-456
[5] White, P., Whiteford, H., Prisons: mental health institutions of the 21st century?, *Medical Journal of Australia*, 2006, 185(6):302-303

an indicator of the poor mental health of the deceased, it is believed that the more is required in the way of treatment and supports, including appropriate housing[6].

Options of different types of housing that enable a supportive environment (incorporating ongoing clinical care) to be provided are required to meet the diversity of needs and preferences. Prisoners and others with a mental illness being discharged from a secure environment face particular problems in terms of community care, as they frequently fail to follow up any community care arrangements which may be put in place for them prior to their release. Housing that facilitates a connection with assertive case management for 6-12 months following release from their custody is a pressing service need.

CASE STUDY – COMMUNITY INTEGRATION PROGRAM

Forensicare operates a Community Integration Program, located at two large metropolitan prisons for men, which assists identified prisoners and remandees with a serious mental illness in their transition to the community. People assisted by the program typically have psychotic illnesses (eg. schizophrenia) and co-existing serious health and social problems, including substance dependence, personality disorder, homelessness and poor community supports. The Community Integration Program commenced in 2005-2006.

In a three year period (from June 2006 to Sept 2009) –

. 238 people had been referred to the Community Integration Program.

. Of those people referred, 126 (51%) were homeless and in urgent need of housing. Nearly all were placed in short term crisis housing following their release from prison.

. Of the small group who did have pre-existing accommodation (most frequently those held on short-term remand), most were released to unstable and unsuitable housing, which had an associated negative impact on their psychosocial wellbeing.

. Supported housing (crisis and transitional) agencies and rehabilitation services reported a history of difficulty working with clients of the Community Integration Program, and were often reluctant, or even refused, to work with them.

An audit of referrals to the Community Integration Program confirms the following profile –

. people referred have a history of poor engagement with service agencies, poor compliance with treatment and failure to complete court imposed orders.

[6] Stewart, L.M., Henderson, C.J., Hobbs, M.S, et al, Risk of death in prisoners after release from jail, *Australian and New Zealand Journal of Public Health*, 2004, 28:32-36

. they are 'revolving door clients', both within the prison and mental health systems, who are considered to have a poor prognosis and poor prospects for rehabilitation.
. they are less likely to be granted bail or parole because of poor or non-existent housing and supports and resultant difficulties in completing discharge planning. As a result, they spend longer in prison.

Impact of system shortages for clients of Community Integration Program –
. Referrals to area mental health services and community supports are most frequently only finalised on the day of release. This removes any opportunity for essential release planning and significantly impacts on the likelihood of the client engaging with the service/s.
. Exposure to de-stabilising influences (drug use, threats) when placed in crisis housing frequently leads to violent situations and a quick return to prior patterns of substance abuse.
. Delays in being seen or being allocated a community support worker or clinician contributes to a cessation of treatment and relapse of illness.
. Clients regularly leave the housing arranged with a loss to follow-up.

The audit found that clients who were able to be placed in stable public housing, with an address known in advance of their release date, had better outcomes. In these situations, timely referrals were able to be made to community agencies, which enabled the client to meet with workers and promoted engagement. These clients were more likely to remain engaged in treatment and better able to complete rehabilitation activities. They had greater levels of success in avoiding re-offending, relapse of illness and/or substance abuse, and achieving a successful transition to the community.

OUR COMMUNITY INTEGRATION PROGRAM CASEWORKERS REPORT ON THEIR OPERATIONAL EXPERIENCE .....

"We regularly see our client group miss out on bail or parole due to them having no housing plan as a result of the lack of public housing. Because of the lack of public housing stock we have to rely on umbrella housing organisations such as WAYSS, Homeground, etc, who are unable to assist our clients with their housing needs until they are "officially homeless" on the day of release. We accompany our clients to these agencies on their release, only to see them, most commonly, placed in private rooming house or hotel accommodation, via the Housing Establishment Fund.

These placements are desperately inappropriate for those experiencing a mental illness. If 'lucky' we are able to place our clients in 'crisis' accommodation, which is similarly inappropriate for people with a mental illness. The lack of suitable and stable housing for mentally ill offenders undoubtedly places them at risk of a further deterioration in their mental health, further offending and poor engagement with area mental health services (who are bound to geographic catchment areas).

Due to the limited stock and dire nature of housing available, our clients tend to be highly itinerant and often lost to mental health follow up - each time a client moves to another region their mental health service provider changes, and they are required to engage with a new case manager and psychiatrist. Given the constant changes and the nature of mental illness itself, individuals frequently fail to engage in support and treatment.

It is a sad reflection of the current housing situation that we often hear our clients say that they feel better supported in prison itself. If we were to have access to good quality, stable housing for our client group then they would be given a better chance in terms of continuity of care and treatment in relation to their mental illness and a better chance of remaining crime free."

Recommendation

Public housing pathways are required to meet the special needs of people with a mental illness being released from forensic mental health care, whether a secure inpatient facility or prison.

The housing pathways should include a range of accommodation options that can be matched to individual need, ranging from single to shared housing, and enable services associated with bail conditions and bail hostel to be provided. Housing should also be able to be arranged well in advance of discharge, to ensure that people with a mental illness are not detained for longer than is required and relevant mental health services can be put in place.