Submission to the Inquiry into the Provision of Support Accommodation for Victorians with a Disability or Mental Illness

Introduction
Meeting the accommodation needs of people with a mental illness is a major concern for the individual client, their families and mental health professionals. Since the advent of deinstitutionalization, the majority of people with mental illness are now being cared for within the community, resulting in a high demand for suitable accommodation with appropriate support services. Consequently they never have the opportunity to learn to live independently and at the same time carers are carrying an enormous load with little support from the mental health system or the community. Those consumers, who have no carer, often end up homeless. There is now a well established link between homelessness and mental illness.

A Prime Ministerial press release in 2006 entitled Better Mental Health Services for Australia, emphasized the need for a significant increase in supported accommodation for people with a mental illness living in the community as well as improvements in emergency and crisis services. However, in spite of good intentions, the provision of affordable, decent-quality, adequately supportive accommodation is still a key factor in helping people with mental illnesses to meet basic needs for shelter and safety.

The Peninsula Carer Council was formed in 2002 to address the needs of carers of people with a Mental Illness on the Mornington Peninsula, Victoria. Many of these people are struggling to meet the challenges of caring for a relative or friend. The Council is primarily an advocacy organization whose aim is to improve the relationship between services and carers.

The majority of council members, who are all carers, have had a long association with the Mental Health System and extensive contact with a wide range of carers. For more information about the PCC and it’s development see (Appendix 1). The carer council is regularly consulted by other organisations for the carer perspective and input.

Representatives of the PCC attend many conferences, forums, focus groups and meetings. Almost without exception the priority issue identified is the issue of accommodation – the lack of affordable accommodation options.

For the past two years the PCC has worked in partnership with Peninsula Health and Monash University (Frankston Campus) on a research project which is investigating accommodation needs for people with a mental illness. The aim of the project is to establish a data base of suitable accommodation in Frankston, to quantify the need for accommodation, to ascertain the gaps between them and to identify accommodation issues. Present data from this study indicates that it is evident that there is very little suitable accommodation in the Frankston area for people with a mental illness albeit supported accommodation. (see Project Report “Accommodation Needs of People with a Mental Illness” in Appendix 3.) Stable accommodation is regarded as a prerequisite for effective treatment and maintaining wellness.
See attached examples of case studies reported by carers and consumers in Frankston (Appendix 2)

Issues
Lack of suitable accommodation following a stay in hospital is urgently needed to help the consumer adjust back to a normal life. The gap between hospital and normal life can be difficult to handle, and is of critical concern given that many patients are discharged prematurely. It can also place an enormous load and a great deal of stress on carers who have no training in dealing with a mental illness.

The Council is aware of a number of consumers who have tried to live independently but have had difficulty in obtaining rental accommodation and or have been ‘blacklisted’ as the result of having previous problems with previous rental properties. Mental illness is a unique disability in that it can often change and the consumer can experience periods of acute unwellness and difficulties along with periods of being quite normal. They need stable accommodation within an environment that can tolerate these ups and downs and in some cases provide support when required.

A percentage of people with a mental illness are unable to care for themselves without support and are never likely to be capable of doing so. Many of this group of carers are getting older and are greatly concerned about what will happen to their loved one when they are no longer able to care for them. Currently the only option appears to be nursing homes which are totally inappropriate.

The Australian Housing and Urban Research Institute AHURI, summed up a recent study into links between homelessness and mental illness.
“With appropriate housing and support people with significant psychiatric disabilities can maintain stable housing. Critical success factors include: provision of housing that is suitable for the management of their disabilities or manifestations arising from their mental illness; support, medication and/or treatment provided by trusted people; and a clear identification of issues that may place their housing at risk. “ (Ref. www.ahuri.edu.au/publications/)

Types of Accommodation Required

Step down accommodation following hospitalization
This is lower level care following hospital discharge when consumers are often still unwell and need considerable support. This will also help the consumer adjust back to a normal life. It is analogous to rehabilitation accommodation provided to many other types of hospital patients such as people who have suffered a stroke.

Short Term Supported Accommodation
This is short term supported accommodation such as the Community Care Units. Short term may mean anything from 6 months to 2 years during which time residents learn life skills and how to live independently. Support is on site and given on a daily basis.
Permanent Supported Accommodation
For people with a mental illness who are unable to look after themselves and are unlikely to ever be able to do so.

Low Rental Accommodation with Regular or ‘On Demand’ Support
This is accommodation for sufferers who are able to live independently. There are a range of needs in this group.

Some sufferers may have a limited income and need low rent accessible accommodation.

Whilst some may be in a position to engage in the normal rental market, rent may need to be ‘guaranteed’ or ‘underwritten’ during times of unwellness to ensure that the accommodation will be retained.

Many would be assisted by regular contact with a support worker to ensure they do not have any issues and are keeping well. During times of unwellness or vulnerability to a relapse, more constant support may be required. This may be enough to prevent a severe relapse and hospitalization.

Conclusion
Members of the Carer Council, including those of the project team .i.e. Monash University (Peninsula Campus) and Peninsula Health members applaud the initiative to establish the *Inquiry into the Provision of Support Accommodation for Victorians with a Disability or Mental Illness* and welcome the opportunity to contribute to the Inquiry’s deliberations on a matter than warrants urgent consideration and action. We thank you for your time in meeting with us earlier last week and we look forward to participating in the issue of supported accommodation for the mentally ill in the near future.

Aline Burgess (Peninsula Carer Council)
Nyorie Linder (Peninsula Carer Council)
Assoc.Prof.Richard Newton (Peninsula Health)
Carmel Jackson (Peninsula Health)
Charanjit Singh(Monash University)
Dr.Ken Sellick (Monash University)

Appendix A – Development of the Peninsula Carer Council

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Appendix 2.

CASE STUDIES REPRESENTATIVE OF ACCOMMODATION ISSUES FACED BY CARERS AND CONSUMERS IN FRANKSTON.

NB. Without the intervention of carers many more Frankston citizens would be homeless.

No names have been included and slight details changed to preserve anonymity but all cases are current. More details could be provided on request.

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2. Young man, late twenties, paranoid schizophrenia. Evicted when he was behind in rent payments. Carer made sure unit was in pristine state but estate agents warned carer and son that neither of them would ever be able to rent in the Frankston area.

3. Carers, both in 80’s, found supported accommodation for middle aged daughter with chronic mental illness. The accommodation is appropriate but the costs exceed the Disability Pension. Parents, aged pensioners, are struggling to make up the balance of accommodation costs.

4. Family with young teenagers is finding it increasingly difficult to cope with behaviour of son, early twenties, suffering severe depression and schizo-affective illness. Family has become dysfunctional, verging on break-up. No appropriate accommodation available.

5. Parents, late 70’s had sought for years for quality affordable accommodation for son, dual diagnosis, intellectual handicap plus chronic paranoid schizophrenia, now mid 40’s. No appropriate accommodation was found – parents finally set up a “granny flat” on their property.


7. Parents, in 90’s, moved to a unit. Son, bi-polar, schizo-affective was moved to Nursing Home after discharge from Psychiatric Ward. Aged parents paid balance of accommodation costs.

8. Son, mid 20’s, discharged from psychiatric ward – mother subjected to violence, had to take out intervention order; son, homeless.

These cases form only the tip of the iceberg – accommodation issues take an incredible toll on the health of the carer, some of our young people who were homeless are in jail; some are missing. We need more affordable, supported accommodation in Frankston.
Appendix 3

Accommodation Needs of People with a Mental Illness

Research Project

This brief paper outlines a collaborative project between the Peninsula Carers Council, Monash University and Peninsula Health-Psychiatric Services to investigate the accommodation needs of people with a mental illness in the Frankston region. The impetus for this project arose out of a Mental Health Carer Research Forum, organised jointly by the Monash University School of Nursing and Midwifery and the Peninsula Carer Council to consider research priorities that address the multiple concerns expressed by carers of people with a mental illness. The forum attracted more than 20 participants all with an interest in the needs of people with mental illness and their families, and a commitment to improving the quality of mental health services. Represented at the forum were carers of people with mental illness, mental health professionals, the local council, and nurse academics/researchers with mental health expertise. The main outcome of the Forum was a diverse list of research ideas which ranged from carer distress and coping, carer needs and concerns, differing expectations between carers and health professionals, evaluating carer support programs, models of care, and lack of resources. When these ideas were prioritised the topic considered the greatest concern was meeting the accommodation needs of people with a mental illness. A project team was established to undertake an initial review of the literature to identify key issues, and to specify project aims and to determine a study plan.

Background to the Project

Meeting the accommodation needs of people with a mental illness is a major concern for the individual client, their families and mental health professionals. Since the advent of deinstitutionalization, the majority of people with mental illness are now being cared for within the community, resulting in a high demand for suitable accommodation with appropriate support services. A Prime Ministerial press release in 2006 entitled Better Mental Health Services for Australia, emphasised the need for a significant increase in supported accommodation for people with a mental illness living in the community as well as improvements in emergency and crisis services. However, in spite of good intentions, the provision of affordable, decent-quality, adequately supportive accommodation is still a key factor in helping people with mental illnesses to meet basic needs for shelter and safety.

Various studies, mostly in the U.K. and US, have identified the complexities and core issues in providing appropriate accommodation for people with a mental illness. For example, a Canadian study (Durbin et al, 2001) examined the need for alternative accommodation for hospital in-patients, of which only 10% needed to remain in hospital. The authors concluded that 60% of patients could live independently in the community with appropriate support. Another study by Bartlett et al (2001) analysed 730 acute admissions for mental illness and found 35% of patients had been inappropriately placed at some time, and for many, supported community-based accommodation would provide an effective alternative to acute hospital care.
There has been very little Australian research on the accommodation needs of the mentally ill. Two studies have been conducted in NSW (Lambert et al, 2000; Freeman, Malone & Hunt, 2004), one in Victoria (Grigg, Judd & Komiti, 2005), and none in the Frankston area. Freedman et al's (2004) survey focused on high-support services in NSW. Findings indicated that while services met the needs for practical assistance, psychological and social needs remained unmet. The authors emphasized that lack of adequate community housing and support services for people with chronic mental illness can result in deterioration in mental health, strain on the family, and an increased risk of suicide. The Victorian study by Grigg et al (2005) conducted an audit of the types of housing available to people with mental illness in the Loddon Campaspe Southern Mallee region. Data obtained from interviews with the case managers of 81 patients identified a wide range of housing options in the region, but with variable availability. The audit also identified a number of key issues and concerns namely limited supported accommodation, difficulty accessing required services, affordability, uncertainty with tenure and risk of violence. Anecdotal evidence from clients, carers and mental health professionals indicates similar problems and issues exist in the Frankston area as well as a significant shortage of suitable accommodation for people with mental illness.

See attached examples of case studies (appendix 2) reported by carers and consumers in Frankston.

Project Aims

On the basis of the literature review it was agreed by the project team to focus initially on the accommodation needs of people with mental illness in the Frankston region with the specific aims to:

1. Determine current accommodation options and associated support services and resources available to people with mental illness in the Frankston area.

2. Explore the problems and issues of securing and maintaining suitable accommodation from the perspective of the person with mental illness, carers and mental health professionals.

Study Plan

A two phased study plan was proposed. Phase 1 was designed to address the first aim by conducting a scoping exercise, followed by a survey of identified accommodation providers. Phase 2 focussed on the second aim by conducting a comprehensive survey of mental health service providers, carers, people with a mental illness and other stakeholders. To date Phase 1 of the project has been completed, a description of which follows.

Phase 1

An initial scoping exercise was undertaken to identify what accommodation and associated services and resources were available to people with a mental illness in the Frankston area. This exercise, which entailed a comprehensive review of existing documentation (e.g. telephone book listing, websites, information sheets, pamphlets and DHS and Department of Housing information sources) identified 20 general and 8 specialist accommodation providers in the Frankston area. Accommodation options ranged from psychiatric in-patient hospital accommodation and supported community residential units through to general residential units and caravan parks.
The second task was to conduct a comprehensive survey of providers to obtain more detail on the accommodation and associated support services and resources available to people with mental illness. Separate questionnaires were posted to general and specialist accommodation providers. The information requested from general providers included the name of the agency/service, type of organization, type and cost of accommodation, catchment area, and range of services offered. The same information was requested from specialist providers along with information on whether a referral was required, staffing profile, availability of medical and allied health services, and if they ran any skills programs. Of the 18 questionnaires distributed (10 general and 8 specialist) only 6 were returned (2 general and 4 specialist).

Because the response to the survey was modest for the specialist accommodation providers and poor for the general accommodation providers, it is difficult to present a comprehensive picture of the accommodation available for people with a mental illness living in the Frankston area. Nevertheless, this study demonstrated the available housing for people with a mental illness living in the Frankston area varied greatly in terms of the type of accommodation and the services and facilities provided. The criteria for offering accommodation from all four specialist providers were similar in that the clients have to be diagnosed with a mental illness and required a referral (e.g. from a case manager, inpatient unit, PDRSS, PHPS or self), but differed on other criteria; with one provider requiring the client to be able to live independently and the other to be at risk of homelessness. The cost of the accommodation varied greatly from a subsidised cost of $160-$192 a fortnight to $120 per fortnight to an unsubsidised cost of 25% of income. The number of staff also varied significantly depending on the type of care provided. The two general accommodation providers differed in the type of accommodation, facilities and services available. One was a caravan park unit and the other provided both supported residential services and respite accommodation.

Types of Accommodation Required

On the basis of the project, and the combined knowledge and experience of the project team, the type of accommodation for people with a mental illness in the Frankston area identified to be in high demand are:

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This is accommodation for sufferers who are able to live independently. There are a range of needs in this group. Some consumers may have a limited income and need low rent accessible accommodation. Whilst others may be in a position to engage in the normal rental market, the rent may need to be 'guaranteed' or 'underwritten' during times when they are unwell to ensure that the accommodation will be retained.

The project team applauds the initiative to establish the Inquiry into the Provision of Support Accommodation for Victorians with a Disability or Mental Illness and welcomes the opportunity to contribute to the Inquiry’s deliberations on a matter that warrants urgent consideration and action.

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