7 November 2008

The Executive Officer
Family and Community Development Committee
Parliament House
Spring Street
EAST MELBOURNE  VIC  3002

Dear Committee,

St Vincent’s (STV) welcomes the opportunity to provide a submission to the Family and Community Development Committee’s Inquiry into Supported Accommodation for Victorians with a Disability or Mental Illness.

STV has a long and proud tradition in providing specialist health services. STV has experience in providing multiple services for this consumer group, such as the Victorian Dual Disability Service, which is a state-wide service whose primary aim is to improve the mental health of people over the age of 16, who have an intellectual disability and a psychiatric illness (dual disability). STV has targeted this submission at consumers of our services, with either a mental illness, dual disability (both mental illness and disability) or an acquired brain injury (ABI). For this consumer group, a permanent home that is safe, affordable and suitable is an absolute necessity to optimise the opportunity for rehabilitation and recovery.

To assist our consumers, STV is working towards developing alternative models of service delivery, such as the development of a proposal for a new service model for people with Acquired Brain Injury (ABI) to manage the existing service gap in appropriate accommodation for ABI consumers transitioning from acute to sub-acute care. The ABI service gap is one of many that exist within Victoria’s fractured supported accommodation service delivery system and a consistent model needs to be developed to ensure the right level of care and accommodation is provided to consumers throughout their lives. STV’s welcomes the opportunity to work with Government(s) to assist in the development of this model and to ultimately improve the outcomes for these consumers.

We hope our submission assists the Committee in its deliberations on this critical part of the service system.

Yours sincerely

Patricia O’Rourke
Acting Chief Executive Officer
St. Vincent’s
Introduction - Why ‘home’ is so important

When we speak of a home, we speak of more than just a physical structure. A home is a basic requirement for life; it provides a person with a secure base; it provides security against threats and it provides dignity. To St Vincent’s (STV) consumers, including those with mental illness and/or disability, a home is vital. It is vital for recovery, safety and independence. Yet, every year there is a significant number of mentally ill and disabled people unable to secure tenancy and forced into temporary housing options, where their safety and recovery are compromised.

For a person with a mental illness or disability, unstable accommodation is not only stressful but detrimental to their health. The lack of stability can cause a downward spiral that requires a significant level of health care, at increased cost to the state. As a health provider, STV works tirelessly to improve the quality of life of many clients with mental illness or disability through acute care and rehabilitation programs within the current framework in Victoria. The clients and staff who undertake these programs invest significant time and effort, which is often compromised by the client’s inability to attain secure accommodation and the right level of care. The lack of access further marginalises this group in a time of greatest need, and often places them in situations where their own security, safety, dignity and opportunity for recovery are sacrificed.

STV believes that accommodation support and clinical services are both vital for the recovery of a mentally ill or disabled client. The clinical treatment is successful providing a client can access the right level of care and accommodation at the times they need it, however there is no consistent accommodation model in Victoria. Accommodation needs to be provided that is supportive, flexible and permanent to ensure that security and safety, a basic right, can be guaranteed throughout life for a person with increased needs due to mental illness or disability. STV believes that these services are best delivered through a series of interrelationships and partnerships to achieve the best outcome for the client, rather than the fractured service system that presently exists.

This submission has been developed to contribute to the development of long term strategies, in partnership with the Victorian Government to achieve better, sustainable long term solutions for people with a mental illness or disability. STV strives to influence the outcome such that these people have the right to the level of service they need, delivered in secure accommodation, which provides the flexibility and safety to feel it is a ‘home’, and therefore maximise their chances of recovery.

Understanding the needs of consumers

Consumers with a mental illness or disability have specific needs for rehabilitation, support and accommodation that will vary depending on the severity and stage of their illness. The Victorian Government’s Because Mental Health Matters paper recognised the need for community and bed-based systems to be able to adequately respond to the needs of people.

Mental Illness

Mental Illness refers to a group of illnesses causing major disruption to a person’s behaviour, emotions or thinking that lasts a period of time from a few weeks or months to years. A person with a mental illness may experience difficulties such as low energy, low motivation, cognitive problems (including poor memory, poor organisational/problem solving skills, or confusion) and communication difficulties, to name a few. These problems often then lead to increased anxiety about change and a high level of frustration when trying to complete everyday tasks such as managing a home and finances. For most people, such difficulties fluctuate in nature and severity. Their illness may be episodic, whereby a high level of support and possible hospitalisation is required at some times, whilst a high level of independence may be achieved at others. For such people, it would be ideal for their home to remain permanent whilst the level of service support is changed according to their needs.

With this in mind, the term support refers to any assistance provided to a person in order for them to complete daily living tasks including self-care, meal preparation and managing their environment. There are different types of assistance, from verbal support (including reminders, individual’s assistance with problem solving and emotional support to deal with frustration) through to actual provision of meals and cleaning services.
Dual Disability

STV's experience would suggest that the story is not dissimilar for consumers with a dual disability. The 2004 Psychiatric Inpatient Care for People with a Dual Disability in Victoria Report found that 8.6% of the state's mental health rehabilitation beds (largely Secure Extended Care beds) were occupied by consumers with a dual disability. This is disproportionately large in comparison to the 1% of the Victoria population identified as having an intellectual disability. Consumers with a dual disability have a specific set of care needs that need to be addressed with permanent accommodation to promote optimum independent living.

Acquired Brain Injury

Acquired Brain Injury (ABI) refers to any type of brain damage that occurs after birth. It can include damage sustained by infection, disease, lack of oxygen or a blow to the head. Most consumers with ABI can expect to improve with treatment and support. ABI Consumers tend to utilise all accommodation solutions, but many experience extended lengths of stay in residential aged care, acute and sub-acute beds due to a lack of more appropriate and targeted service options.

All three consumer groups will require varying degrees of support, from significant support services when leaving the acute in-patient environment to intensive clinical rehabilitation and psychosocial support and accommodation solutions and finally a permanent more independent living solution which provides a safe environment and increases the chances of recovery and reducing the opportunity for relapse.

Understanding the Victorian Supported Accommodation Environment

The Victorian rehabilitation and recovery care accommodation environment (excluding home based outreach services) for consumers with a mental illness or disability is complex. Below is an illustration that describes the existing supported accommodation environment:

<table>
<thead>
<tr>
<th>Acute Inpatient Service (Hospitalisation)</th>
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<tr>
<td>24 hr clinical care</td>
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<tr>
<td>Utilised by consumers requiring medium- long term rehabilitation care and unable</td>
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<tr>
<td>SECU</td>
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<tr>
<td>CCU</td>
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<tr>
<td>24 hr non-clinical support</td>
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<tr>
<td>Utilised by consumers requiring medium term care and some tailored rehabilitation and</td>
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<tr>
<td>PDRS RRS</td>
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<tr>
<td>24 hr non-clinical support</td>
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<tr>
<td>Utilised by consumers requiring long term care standard support services</td>
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<tr>
<td>SRS</td>
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<td>PDRS SAS</td>
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Secure Extended Care Unit

Secure Extended Care Units (SECU's) provide medium to long-term inpatient treatment and rehabilitation for people who have unremitting and severe symptoms of mental illness or disorder with an associated significant disturbance in behaviour that preclude their living in a less restricted environment. As the most restrictive treatment setting, SECUs are intended to target people with the most difficult and serious disturbance who are unable to be safely or adequately treated in less restrictive settings. Typically SECU residents are a high risk of harm to themselves or others and frequently have comorbid conditions including drug and alcohol problems, acquired brain injury or intellectual disability.
Community Care Unit
Community Care Units (CCU) provide medium to long-term accommodation, clinical care and rehabilitation services for people with serious mental illness and associated psychosocial disability. Located in residential areas, CCUs provide a ‘home like’ environment where people can learn or re-learn everyday skills necessary for successful community living. This solution is targeted at consumers with psychiatric disabilities that are relatively stable and are able to live in a shared living environment.

Supported Residential Service
Supported Residential Services (SRS) Supported Residential Services privately managed support services providing accommodation, meals and 24 hour on-call staffing. This solution has some beds targeted at the pension-only level for consumers who have disabilities related to mental illness or physical illness and require a significant level of assistance. In the past number of years, there have been a significant number of closures of SRS services and a reduction in pension level services due to the increasing cost associated with running accommodation and the competitive rental market.

PDRS Supported Accommodation Services
PDRS Supported Accommodation Services (SAS) provide long term accommodation and support to people in individual housing. This solution is targeted at consumers with psychiatric disabilities who cannot live independently, however the service aims to promote independence, with some providing meals and housekeeping, when needed. The accommodation takes a variety of forms: clustered unit, group house to rooming house and boarding house style of accommodation with the property owned by the Office of Housing. One such example is the new complex being built in Elizabeth Street by DHS.

PDRS Residential Rehabilitation
PDRS Residential Rehabilitation Service (PDRS RRS) provides a residential rehabilitation option for people not requiring 24hr clinical care. Like SAS outlined below, it occurs in a variety of property types. There are few adult options and more youth focused ones.

Community Residential Unit
Supports for Victorians with an Intellectual Disability include accommodation in Community Residential Units (CRU’s). CRU’s provide high-quality supported housing in the community. Accommodation is usually offered in shared housing with up to five other people with disabilities.

Consumers with a mental illness or disability will often access a multitude of these services throughout their treatment and recovery period. Ideally consumers would be discharged from an acute setting into a SECU or CCU and discharged into the community with appropriate support and outreach services. However, many of these consumers are not able to be discharged into the community, due to the enduring nature of their disability, and will require long term affordable accommodation with 24 hour support. Tolkein II, a report commissioned by the World Health Organisation illustrates this well with the findings showing that, for a consumer with schizophrenia, the following will be required:
- At years 2-5 of illness, 50% of consumers will require 24 our staffed community accommodation; and
- At years 6+ of illness, 15% of consumers will require 24 hour staffed community accommodation.

The report findings highlight the longevity and level of staffed community accommodation that is required for this illness. Post care in the bed-based clinical services, SRS and SAS provide this care, however their service levels vary and as a result this consumer group may not receive the right level of long term care.

In responding to this inquiry, STV has taken into account the range of needs associated with this consumer group and the available accommodation options to highlight the gaps and service delivery issues that currently exist in Victoria that need to be addressed to ensure better outcomes for this group are delivered.
Responses to Questions

1. What have been your experiences with supported accommodation in Victoria with regard to availability, suitability and adequacy of care for people with a mental illness or disability?

1.1. Availability:

Availability and timeliness of placement for those with a disability or mental illness is critical to ensure stability in their lives. With the recent closures of many SRS’s there are few, pension-only beds providing 24hr support in the St Vincent Mental Health (SVMH) catchment areas of the cities of Yarra and Boroondara. Of the options offering less than 24hr care (SRS and SAS), there are limited beds available, resulting in vacancies being rare and consumers are either being forced to find accommodation in localities away from their family or in inappropriate environments such as rooming houses, backpacker hostels, crisis housing services or the street.

Mental Health

Mental Health Consumers at STV often struggle to attain accommodation, and rarely are they able to attain this accommodation for an extended period of time, either due to long term placements being unavailable or through eviction. SVHM provides a permanent bed for a consumer with a progressive neurological disorder within the acute inpatient ward, as an alternative option is not available to this consumer.

Dual Disability

STV’s experience would suggest that the story is not dissimilar for consumers with a disability. The 2004 Psychiatric Inpatient Care for People with a Dual Disability in Victoria Report found that 8.6% of the state’s rehabilitation beds (largely Secure Extended Care beds) were occupied by consumers with a dual disability. This is disproportionately large in comparison to the 1% of the Victoria population identified as having an intellectual disability. Consumers with a dual disability have a specific set of care needs that need to be addressed with permanent accommodation to promote recovery.

Acquired Brain Injury

For consumers with an acquired brain injury (ABI), appropriate available accommodation is limited. STV has found that where consumers had no previous history with a disability service, securing accommodation was often difficult, following discharge from the hospital. The existing services at Austin Health and Garden view are at full capacity and often difficult to access. These services are also reluctant to accept consumers with catastrophic brain injury due to the lack of funding for slow to recover consumers. This means, many consumers with an ABI are remaining in acute (length of stay ranging from 35-48 days) and sub-acute (average length of stay 137 days) care much longer than appropriate due to lack of accommodation options.

1.2. Suitability:

Permanency

The experience of STV’s staff is that people suffering from a mental illness or disability have access to very few permanent and suitable accommodation options, causing this group to oscillate between primary, secondary and tertiary homelessness. For many other consumers with a mental illness, eviction from accommodation reduces their opportunity to seek long term accommodation, which in turn increases their chances of relapse and hospitalisation. The ongoing lack of availability for this consumer group causes stress on both the individual and the health care system. The increased cost to government and pressure on the state’s already strained acute and SECU beds could be reduced through the provision of a reasonable level of accommodation, as evidenced by the evaluation of the NSW Housing and Accommodation Support Initiative (HASI) which found that 84% of participants spent less time in psychiatric units or emergency departments since joining the initiative and the average number of days people were hospitals per admission dropped by nearly 75%.

Affordability

STV is aware that charges for ‘pension-only’ beds in SRS are often nearly 100% of the disability pension received per fortnight, leaving limited money for necessities such as clothing, recreation and other lifestyle costs. Supported Accommodation needs to be provided on an affordable basis for those people who due to
an illness or disability will not earn more than the disability pension. Accommodation charges need to be a fair and appropriate proportion of the pension, so as to provide the opportunity for community participation, the outcome of which is to promote recovery and increased independence.

Accessibility
The existing application process for both public and housing can be tedious with sometimes multiple interviews and house meetings before selection. For a person with a mental illness or disability, getting past even these initial phases of application can be impossible for those who have poor hygiene and social skills and miss appointments regularly. This form of application process will never encourage the acceptance of this consumer group, and will likely only serve to marginalise them further. This situation will likely get worse with the increasing shortage of housing, increasing rental prices and competition, accommodation providers will be provided with ample opportunity to discriminate against this consumer group in favour of other less risky groups, such as students and migrants. Housing must be provided, where the application process takes into account the relative needs and behaviours that are associated with this consumer group, to ensure they are not neglected.

1.3. Adequacy of care:

Beyond the basic need of a permanent home and a safe environment, few supported accommodation options provide a sufficient level of support services to address the complex needs of consumers with a mental illness or disability and ensure adequacy of care.

Mental Health
Consumers who have a mental illness, which disables them to a degree to which they require accommodation with personal care support, are consequently vulnerable and rarely able to represent their interests or stand up for their rights. The current system does not provide sufficient advocacy or protection for consumers with a disability or mental illness. This is evident in the following anecdotal examples:

STV is aware of occasions where:
- Residents with a mental illness have displayed erratic behaviour (due to relapse of their illness) in an accommodation service and have been refused return when well;
- SRS Proprietors evicted residents for non-payment of rent without reasonable warnings; or provided warnings when consumers did not have the mental capacity to receive and understand these warnings;
- An SRS proprietor exploited a resident by sub-letting the resident’s bed whilst they were in hospital; and at another time failed to use available heating in winter;

Dual Disability
International leaders in the field of dual disability argue that the mental health needs of those with an intellectual disability are best met through a specialist accommodation service, where workers understand the needs of this group. In Victoria, this consumer group either generally relies on accommodation from either CRU’s or SRS’s that do not provide a rehabilitation focus to assist with their associated mental illness and intellectual disability.

Acquired Brain Injury
The majority of ABI consumers are currently based in either community accommodation or acute/sub-acute beds as there is an insufficient level of service with an intense rehabilitation focus that is required for ABI consumers.

Overall Service Need
The current model of SRS’s which combines service provision and accommodation into a single solution, means that this consumer group is potentially disadvantaged and forced to accept an accommodation option (if there is one available) that does not have the right level of specialist services to manage and assist with their recovery and development of independent living skills.

This model also leaves the level of service provision at the discretion of the SRS proprietor, which may disadvantage these groups further. This may mean that the mentally ill or intellectually disable consumer groups are unable to access the specialist services they require. This is a considerable risk as many consumers within this group have limited social connections, limited trust and are marginalised, meaning
they are less likely to request those services they require. As such, the SRS model needs to have adequately trained staff that are able to identify behaviours and other signs and the specialist services they may need, even if a consumer is unable to request this.

Accommodation solutions also need to take into account the type of services needed by different consumer groups. The lack of accommodation options with appropriate support will continue to compromise the health and recovery of these consumer groups. Due to the diversity of consumer needs a variety of models need to be considered by government.

2. What is your experience of trying to access supported accommodation in terms of information, planning and decision making?

STV Staff report that assisting consumers to find accommodation is generally a time consuming activity, which often takes precedence over therapeutic intervention. As the system is disjointed, accessing information involves considerable research or local knowledge, which consumers would most likely be unable to complete independently.

Mental Health
STV staff have reported spending many hours trying to find accommodation for a consumer with complex mental health issues. STV Staff working within the mental health homeless outreach service found that accommodation services would often deny access to a consumer that they saw as having the potential to cause disruption through their behaviour, often reducing the available accommodation options for these consumers. In many cases, the only remaining option is a rooming house, where there is limited staff support to moderate distressing behaviour and protect other vulnerable residents.

Dual Disability
Disability Services provides accommodation for people with intellectual disabilities (and thus people with a dual disability). STV’s experience with this service is that waiting times for accommodation were often extensive. Requests for accommodation from Disability Services are made via ‘Disability Intake’ at DHS. The intake process includes ascertaining needs of a consumer and registering the request on the service needs register. It is important to note that staff who perform the role of ‘intake workers’ have a range of experience and expertise however specialist training in the bio-psychosocial needs of people with a dual disability is not a mandatory pre-requisite for the position. This may result in consumer needs going unregistered or being misunderstood during the intake request process.

Acquired Brain Injury
Most STV staff members found that accessing supported accommodation was frustrating, confusing and information provision was highly variable (generally dependent on the intake workers knowledge of the accommodation). In the experience of STV, the planning and decision making was often hindered by the lack of knowledge of consumer and hospital needs in a both crisis and non-crisis situations. Staff of supported accommodation often showed insufficient knowledge relating to specific conditions, such as acquired brain injuries, resulting in limited information being provided on the options and alternatives to supported accommodation, where a place was not available. STV staff also found that decision making and planning was rarely facilitated. In many cases, STV staff acted as the central coordination point, which is unfairly burdening the hospital system, forcing hospital staff to act as case managers or advocate on behalf of the patient, for access to generic services.

Overall Service Need
Information, planning and decision making support needs to be clearly managed to ensure that acute hospitals and other agencies, are not being unfairly burdened with administrative tasks relating to advocacy and negotiation of consumer placement. This consumer group is often not able to advocate for themselves, and many do not have family or community support structures to assist them in assessing the right accommodation and care solution for them. In STV’s opinion, acute hospitals have a pivotal role in assisting with the development of care and clinical plans for this consumer group, but accommodation solutions should not be a core focus. In the area of mental health, staff will have more time to focus on areas of recovery if there are fewer difficulties in assisting consumers to find suitable accommodation.
3. What other approaches/models should be considered to address supported accommodation funding, planning and delivery?

Mental Health
STV's suggests that the best option for enabling people with mental illnesses to have stable homes is to expand the SAS model, where community housing services manage the accommodation and PDRSS provide in-reach support to residents on an individualised basis. This model would encompass support to people with a mental illness, who are at the stage of recovery where they require stability, support and structure but not necessarily active rehabilitation. They require safe, stable accommodation where they can experience familiarity and security in a settled environment without the risk of eviction.

Dual Disability
International researchers in the field of dual disability argue that the mental health needs of a consumer with an intellectual disability are best met through a specialist continuum of care, which is dedicated to assessing, treating and managing the mental health needs of someone with an intellectual disability. This continuum of care needs to include accommodation, with an increasing number of specialist beds for consumers with a dual disability available within CRUs.

Acquired Brain Injury
STV recommends that a new transitional service be developed with greater medical and rehabilitation focus than community based accommodation, with the option to gradually 'step down' from acute to community based care. This service should aim to provide accommodation options that are lower or equivalent cost to acute and sub-acute service options and allow consumers to transition successfully to longer term community residential models where more independent living is possible and supported.

STV is currently exploring the development of specialist dual disability and ABI beds which will provide more skilled assessment and care. The continuum of care would strengthen and broaden the partnership between Disability Services, Mental Health and Victorian Dual Disability Services and the non-government sector. This model could include:
- Long stay treatment and management unit – permanent accommodation – providing a permanent home for those who will always need support.
- Regional rehabilitation units – medium term – rehabilitation focussed services for those who then may be able to utilise more independent accommodation.
- State wide assessment units – short term residential services – which through thorough assessment could then determine the most appropriate way to utilise accommodation services in order to meet the consumer's needs.

Overall Service Need
The existing services deliver a fragmented, 'patchy' approach to a vulnerable marginalised group. The independent operating of various community, NGO, and accommodation service providers need to be revised to a partnership model, which is consumer-centred. There is a great need for an increase in housing places for people with a mental illness or disability, into which targeted in-reach programs can provide individualised support to each resident.

Service needs of people with a mental illness or disability vary greatly and accommodation options need to reflect this diversity of need. Accommodation options need to be available so that people can enter/exit at varying levels. There needs to be a total service model in the form of partnerships to manage the complex service delivery needs for people with a mental illness or disability.

In recent years, a number of innovative supported housing models have been developed, which provide a model for how this may work. The Housing and Support model operating in Victoria in the 1990s is an example of a viable option where the partnership is funded by government and supplied through non-government agencies. This has now been implemented in NSW, and the NSW Dept of Health recently completed a review of this model.
4. What are the implications for individuals who need but cannot get supported accommodation? Is the alternate accommodation that is available, adequate and care appropriate?

Where people with a mental illness or disability are unable to attain appropriate supported accommodation this is sometimes putting an unnecessary burden on families and carers. In many cases the only other options to seek accommodation are through public hospital rehabilitation beds, aged care facilities, relief shelters, boarding/rooming houses or sleeping rough in risky or inadequate areas. STV’s specific experience in relation to the aforementioned alternate accommodation is as follows:

- One bed in SVHM acute inpatient ward is currently occupied as permanent accommodation for a person for whom there is no residential option in the state to support that person’s needs;
- Rooming houses do not provide adequate care. For example, STV is aware of a man living in a boarding house in Fitzroy who is severely physically and mildly intellectually disabled who relies on Soup Van volunteers to open his door and un-wrap his food as the boarding house is not able to provide this type of service; Rooming houses are often a very poor standard (in terms of heating, lighting and hygiene) and often have an environment of a high rate of drug use, violence and/or prostitution. Many consumers with a mental illness also experience substance use disorders and being in a rooming house increases their exposure to a problem they find very difficult to overcome;
- The SVMH Crisis Assessment and Treatment Service has on more than one occasion been required to provide in-reach support at a backpacker’s hostel to someone with a mental illness who was using this as temporary accommodation.

Substance Abuse
Many of STV’s consumers with a mental illness also have a substance use problem. If such a consumer cannot secure supported accommodation, their only option may be to ‘live rough’ or enter a boarding house, where substance abuse use levels are high. AIHW Research has shown that once this group becomes homeless, they are at higher risk of remaining homeless than other groups making rehabilitation and ongoing treatment difficult. Without a stable home, useful services, such as ‘in-home detox’ have limited applicability.

Health Problems
People with a mental illness have a much higher incidence of physical health problems (e.g. diabetes), and they have a life expectancy 15 to 20 years less than that of the general population. Such health problems will be exacerbated by poor living conditions where hygiene and environmental controls may be low. Transience complicates the ability of health services to maintain contact with these consumers, and unstable accommodation also creates barriers against accessing the organised schedules of appointment and treatment options. For those forced to sleep rough there are increased chances of respiratory infections, dental issues and other physical ailments which will then involve increased demand on health services.

Violence and Sexual Abuse
If secure accommodation cannot be found, many of the other options such as rooming houses leave members of this consumer group vulnerable to victimisation. SVMH staff are aware of consumers refusing to move into a rooming house or SRS due to fear of exploitation by other residents, because the level of staff support provides insufficient protection from this. In some women-only rooming houses prostitution is prevalent and many women fear leaving their rooms at night in case they encounter a male visitor. Such ongoing fear may inhibit recovery opportunities, if not precipitate relapse.

5. What is your view on the provision of accommodation and care in private, government and community sector managed supported accommodation?

Victoria’s fragmented service delivery model makes it difficult to obtain and understand information about the quality of care in public, private or NGO sectors, with limited coordination of both accommodation and support requirements.

Private Sector
The private sector (such as SRS) operates within a profit making framework, which creates inequities across the accommodation system. In establishing a SRS, a proprietor needs to consider costs such as property rental, which is higher in inner city areas such as the catchment of STV. Many SRSs have closed in
this area, and are more likely to establish in outer areas where likelihood of recouping costs, without escalating rental property prices, are higher. Consumers may therefore have to accept an accommodation solution that is not located near their family, community or treatments. For consumers of mental health services, moving areas often means leaving the area mental health service (AMHS) catchment and so having to change clinical care provider. Furthermore, as rental prices continue to increase, SRS will have no incentive to offer positions to people on the disability pension, because their lower fees and high level of service need will likely jeopardise the opportunity of the organisation to operate with profit margins.

Community Organisations
The delivery of supported accommodation by community organisations faces similar cost pressures to SRS. STV is aware of community organisations that are based in old buildings that require significant maintenance, which the organisation may not be able to cover within the existing revenue streams. Assuming there is no additional financial support for these organisations, this is likely to lead to an outcome where fewer such options exist.

As a health service, SVMH provides a Community Care Unit (CCU) in Fitzroy North. The CCU provides medium term accommodation (approximately 2 years) and is made up of a 40 units (including 3 single units, 4 double units and 3 triple units). The three bedroom units are only suitable for some consumers and new referrals often require existing consumers to be moved around to accommodate the needs of all consumers (mainly depending on the gender, cultural &/or behavioural issues as well as consumer preference). The delay often means that consumers remain in STV Acute Inpatient Service longer than clinically required (e.g. on one occasion it was an additional 3 weeks) awaiting a vacancy in CCU due to no alternative accommodation. One alternative to this issue would be to provide a significant capital investment to alter the CCU environment to include additional single and two bedroom units. The SVMH catchment lacks a Prevention and Recovery Care Unit (PARC) step up/step down facility, which provides short term accommodation as part of in reach treatment that reduces the length of hospital stay and the readmission rate into acute services. STV is currently working with its community partners to establish a site for (PARC) within the cities of Borondara or Yarra.

'Secure extended care units' (SECU) are a part of the mental health service system and provide long term secure (i.e. locked) accommodation. We are unable to access 2 out of 5 SVMH beds due to 2 consumers who, despite being behaviourally settled and having regular unsupervised leave to access supported employment programs remain in secure extended care as no other form of supported living is available for consumers with dual-disability. It is believed they could function successfully in a less restricted but highly supported environment focused on supporting individuals with intellectual disability. As these consumers are viewed by Disability Services as being 'accommodated' rather than 'living in a hospital' they are considered 'low priority' for CRU placement and have missed out on accessing vacancies. This anomaly seems to occur because SECU and CRUs are provided by different divisions within the same government department.

Government
The shortage of affordable housing is one of the biggest constraints to consumers with a disability or mental illness securing stable accommodation. The NSW Government recently addressed this issue through the development of the Housing and Accommodation Support Initiative (HASI). HASI was established to develop partnerships between key government agencies (i.e health and housing) and NGO's, with a focus on assisting consumers with a mental illness or disability. The HASI report outlines the major achievements of this initiative, including:

- Security of accommodation: 70% of consumers with a HASI housing provider remained in the property they were first placed and 85% remained with the same provider
- Improved health and connectedness: Over 50% of consumers had improved physical health and regular access to a primary health care services; 94% had established friendships and 73% were participating in social and community activities
- Reduction in cost and pressure to the hospital system: Frequency and duration of hospitalisations was reduced by 84%
- Increase opportunity to prevent relapse: 92% of consumers regularly attended case management meetings and 89% were still in contact with their psychiatrist
The HASI initiative provides an evidence based approach to the provision of appropriate services and accommodation to improve the outcomes for consumers with a mental illness or disability, where Government services and NGO's can both play a critical role.

6. What are the positives and / or negatives of the current approach to provision of supported accommodation on families and carers?

The critical role and needs of families and carers cannot be overlooked. Currently nearly 20% of STV's mental health consumers live with their families. In many cases, the families are managing complex situations with minimal respite and limited access to help when they reach crisis point. It is important the 'stay at home' option is a choice for people, not a necessity used due to the lack of alternatives. Carers need to be provided with appropriate options, where people with disabilities and carers have choices about where they live, acknowledging that their needs will change as the consumer and carers age.

For a family member or carer, finding a solution for a can be an emotional process that requires significant support. Accommodation services in Victoria are not easy to navigate. There are a number of providers in each area, who operate independently and offer different services and models of care. For many carers and family members, understanding and navigating the accommodation options and providers is confusing and overwhelming.

STV has heard of many circumstances where there has been no appropriate supported accommodation available for consumers with an ABI, who have then been discharged either into an aged care facility (nursing home or hostel) which was inadequate for a younger person, or the family had no choice but to care for the person at home. For long term planning, better information is required by the family and patient. Carers and family members may not understand the subtleties of difference in service provision between one supported accommodation option and another, or the possible variations in the level of care that they may be required to provide at home in the future.

As carers age, it may become more difficult to support someone with a disability. Supported Accommodation and planning needs to take into account the health of both the consumer and the carers of that consumer, to ensure they are continuing the receive the right level of care and if the carers are able to provide it on a continued basis.

7. What issues need to be considered in the accessibility and provision of supported accommodation for indigenous people?

In STV's opinion, it is rare for indigenous consumers with a mental illness or disability to rely on supported accommodation. Although STV is not a specialist Koori organisation, noting we do provide 6 Koori mental health beds, anecdotal evidence would suggest that the majority of Koori consumers are cared for by their family or extended family following hospitalisation. Although this is not directly an issue for supported accommodation, Government(s) need to consider this potential trend when planning for support services for carers and home-based outreach services to Koori consumers.

8. What other issues do you think need to be considered which have not been addressed by the above questions?

Consideration also needs to be given to the impact of stigma towards people with a mental illness or disability on the establishment of supported accommodation. There are situations known to staff of STV where local residents have objected to having people with a mental illness 'residing nearby'. It should be the responsibility of all public office bearers to combat such unfounded stigma and uphold the rights of all people, with or without disabilities, to a secure home in familiar surroundings with a good standard of accommodation.