A Submission to the Parliamentary Inquiry - Supported Accommodation for Victorians with a Disability or Mental Illness

Our son suffers from severe schizophrenia, with the main stumbling block for his recovery being his lack of insight into his illness. He has been ill for seven years and other than six months, which was an ill informed ‘trial’ by his doctor, he has been on a Community Treatment Order. For the first five years of his illness he lived at home. This was very difficult and we realized that if we didn’t make an effort to find other housing for him, he would continue to be very dependent on us and never make an attempt to live independently.

After waiting some months and ‘lobbying’ the director of the public Psychiatric Services who treated him, he was offered a place in a Community Care Unit. We see the model of the CCU as a very useful one for accommodating people with mental illness. Soon after relocation there he was hospitalized (under the terms of the CTO) due to lack of compliance. This was a difficult start for him. Staff found him hard to manage, often disagreeable, perhaps defiant and somewhat unwilling to join in activities. Unfortunately a lot of this is due to his illness. As he doesn’t believe he is ill it is unlikely he will want to readily be involved in rehabilitation programs. To quote professional literature “Despite the dramatic disabling nature of schizophrenia, many patients are completely unaware of their own disease. This phenomenon makes rehabilitation more difficult and is a bad prognostic factor for recovery” ¹ After 8 months it was considered that he should no longer be accommodated at the C.C.U. Despite our requests and appeals on his behalf the decision was not over turned. We complained to the Chief Psychiatrist about his being asked to leave. He did contact the people involved but still my son was still denied accommodation at the CCU. This lack of provision of accommodation is NOT in accordance with the Mental Health Branch of the D.H.S. Program Management Circular “Community care (CCU) and extended care (SECU) units - February 2007” which states “While the preferences of consumers and their carers should be taken into account when considering admission to a CCU, such units must have the capacity to engage, contain and support involuntary patients.” To follow up these comments, some consideration needs then to be given to providing accommodation similar to the C.C.U. option but one which will not preclude people who lack insight and do not “fit in” in a way staff require. Perhaps something which is less overtly recovery focused may be a useful model. The issue of accommodation for people who are mentally ill and lack insight needs to be considered carefully and specifically. They do not fit in to the ‘mould’ of the mentally ill who have insight.

The social worker attached to the C.C.U. found accommodation for our son at the 'super rooming house' run by the office of Housing in Queens Rd., Melbourne.

¹ Lorenzo, Pia & Tamietto, Marco “Unawareness in schizophrenia: neuropsychological and neuroanatomical findings” Psychiatry & Clinical Neurosciences 60 (5) 531-7, Oct 2006.
accommodation provided is physically very acceptable – the small bed sitting room, kitchen and ensuite provide good accommodation. However, the location on a busy road, not a community environment, the large mix of people and the large number are disadvantages. Having a support presence there, in this case the Sacred Heart Mission is excellent. We would recommend something similar to the Queens Rd. option; but smaller – say 20-25 people. Age range and type of disability should be considered. Our son is 28 and there are people at Queens Rd. much older. There are also people living there who suffer from drug addiction; whilst not wanting to deny them the right to accommodation, people with mental illness, who often have substance abuse problems as well, do not benefit from living with people with substance abuse problems.

It seems to us that the government should acquire when possible complete blocks of flats, in suburban streets, in a normal community setting, which could then be adapted and modified for groups of mentally ill people. As suggested, numbers like 20-25, may be a good size. Whilst intensive staffing levels may not be necessary, some staff ‘presence’ like that at Queens Rd would be beneficial. Consumers, mental illness support groups and carers as well as mental health professionals, particularly groups like Mobile Support and Treatment Teams, should all be involved in the decision making process regarding housing for the mentally ill. There needs to be a greater amount of housing and it needs to be more suitable.

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