

HOUSING, HOMELESSNESS & MENTAL HEALTH WORKSHOPS



A NATIONAL INITIATIVE BY



Australian Government
National Mental Health Commission

ABOUT THE WORKSHOPS

This initiative has involved 8 workshops during March – April 2017 (one in each capital city) aimed to get jurisdictional input to better understand the national picture of housing, homeless and mental health in order to develop policy and research directions by injecting ‘housing affordability and supply’ into the national mental health debate.

The workshops included highly participative exercises and were based on a discussion paper developed by the Australian Housing & Urban Research Institute (AHURI).

The feedback gathered in workshops will form a more detailed Consultation Report - this summary document is intended to disseminate major themes only, it is not the endorsed policy of the National Mental Health Commission.

The Consultation Report feedback will be analysed to form a Position Paper that the Commission will use to inform advocacy in the development of national and jurisdictional policy for housing, homelessness and mental health.

OUR FEEDBACK

This is a summary version of outputs captured during the workshop (a full report will be available)



POLICY & PROGRAM SUCCESS FACTORS

From the programs that are in place and effective, the following success factors were highlighted:

- Outreach case management in the home, for newly housed, previously homeless clients, based on a mental health recovery approach
- Models that build up a community, reduce isolation, have services on-site and a 24/7 concierge, allow pets and provide intensive and tailored support to prevent eviction
- Consortiums of services working together, including community housing providers, to deliver outcomes for people
- Consumer operated services that provide early identification of support and other needs • Services focused on people who have been rejected from other services, coupled with access to 24 hour services
- Step up, step down intensive support on discharge linked with housing as a fundamental need
- Combination of recovery and tenancy support, clinical treatment, real estate liaison and natural supports
- NDIS packages to assist public housing tenants to maintain housing and to access key services

HOW TO INCREASE HOUSING SUPPLY?

- Facilitate and fund the construction of supportive housing projects launched by associations of local community members, including concerned ageing parent carers to provide safe and secure, furnished, long-term, independent rental accommodation for vulnerable people with chronic mental illness who are homeless or at risk of homelessness
- Systemically implement Housing First across social housing, so that there is intensive support for the tenant and also for families and carers who are supporting tenants
- Introduce legal processes that compel people to make unoccupied properties available
- Investigate funding models that involve corporates, philanthropy and government in housing projects
- Local Councils with new housing developments should give 10% of housing to people with a mental illness
- Look at other options for design, not limited to bricks and mortar, identify good design and whatever that might mean for people living with mental illness
- Government could provide incentives to commercial landlords who lease private rental properties to persons with mental illness for an extended period
- More protections in the Tenancies Act for tenants with mental health concerns
- Social Impact and Housing Supply Bonds to encourage investment in social housing · Training and working with private real estate agents to reduce discrimination against people living with mental illness



HOW TO PROVIDE MORE HOUSING CHOICE?

- Choice and the right level of support, and the housing aims to be "owned by that person"; the person has control and the house is a home, not a temporary program / accommodation
- Client-lead recovery plans involving various services working together
- Consumer carers need to be engaged at every stage of the policy development as core, equitable members of the advisory group not only at the end stage
- Embedding the voices of clients in service and policy design, governance, etc
- Holistic discharge planning so that all needs and housing are appropriately provided
- Housing First and Common Ground replicated for Aboriginal and Torres Strait Islander peoples
- Recognise intersectionality in that people are more than their mental health; consider gender, culture, financial status, disability, etc; services need to be better at working across multiple needs
- More co-design of mental health housing and community housing · Workforce training so that staff are able to support people living with mental illness appropriately and meet individual needs · Recognise that there will be some people who have a lifelong need for long term, supported residential accommodation and the Government should provide this

WHAT DATA SHOULD BE COLLECTED?

- Capturing experience of transition points to share good practice
- Couch surfing data is invisible in the data, hence will need multiple data sources
- Data collated across all human services for a minimum data set across community services to identify housing and support needs and issues
- Data that joins the various initiatives, to create big solutions and bring it all together; there are many great programs but they exist in pockets
- Current focus on service and caseworkers but research on the effectiveness of actual interventions is neglected
- Longitudinal data around housing careers for people with mental health issues and their outcomes
- Measuring the episodic and cyclical nature of mental illness so that people's pathways are seen
- Research needs to include the range of issues that people experience - mental health, housing, drug and alcohol, domestic violence, justice, children
- Uniform data system with common definitions and collection to enable common measurement
- Use of VI-SPDAT / Registry Weeks more consistently to understand health and housing needs of rough sleepers

SUGGESTED FOCUS AREAS

The following key policy issues and research areas were suggested by the participants (in order of priority)

- **NMHC advocacy** on improving the supply of appropriate housing stock for people who are homeless or who have mental illness
- **Improved discharge planning** from corrections and health services and putting pre planning supports in around housing needs as well as support
- **Scoping study of what has worked** in Australia to achieve better policy platforms and better outcomes
- **Better integration between PHNs, Centrelink and other services** to housing and support services; convene a Federal Taskforce that brings together Commonwealth and State services to improve integration
- **Integrated research** that looks at the links between DFV, childhood adversity, youth, trauma, AOD and MH and identifies where the good intervention points are, and what works
- Advocate for and **invest more in the workforce**, via higher accreditation and pay standards
- More research around the incidence of **Indigenous mental health** and the connection with housing
- Establish a **mental health housing investment bond**
- **Engage banks and super funds**; they don't want to invest in individual homes but they are prepared to invest in affordable housing bonds (backed by Government)
- Commission a **Cost Benefit Analysis for the Housing First approach** with a particular focus on people with mental illness and use the study to argue for systemic implementation of Housing First across all jurisdictions