

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:

- Cluster housing helps with social isolation and enables the tenants to learn from each other
- Assessment and service coordination built in to transition to the community in a stepping up, stepping down approach
- Housing, accommodation support and clinical support linked to enable the person to live independently in their own home
- Two bedroom unit facilities allow participants to build relationships and friendships, assisted by the continuity of staff
- Youth workers in a case management approach for youth programs
- Aboriginal support workers staffing programs and also providing advice to other services
- Houses sourced individually for people exiting hospital and support crafted for people based on their needs
- Connected to multiple services, in a gateway approach

HOW TO INCREASE HOUSING SUPPLY?

- Core, cluster housing and shared households, with support as the critical enabler
- Crisis respite models reinstated in all regions
- Education and building of skills for the individual to live with other housemates or tenants in a building
- Expanding policy on new developments to have mental health specific housing such as inclusionary zoning
- Explore philanthropic approaches and work with landlords to offer discounted rents to people with mental illness
- Incentives for housing developers and private landlords (eg. stamp duty reduction, tax incentives, allowances with housing references, etc) that work on the social consciousness of the community
- An MOU between Housing SA and the Mental Health Commission
- Education and culture change with housing providers, regarding mental health consumers and their needs
- Private consortiums to build fit for purpose housing for people and they rent to buy what they want
- Targeted support for people who are having trouble maintaining their tenure
- Transfer of public housing to the community housing sector to attract money into the system, stimulate upgrades to houses and result in more housing over time.



HOW TO PROVIDE MORE HOUSING CHOICE?

- Adapt to changing housing needs and increase the options for single person households, rather than three bedroom households
- Set up an early intervention helpline that individuals can call up when they are experiencing symptoms, so that they are able to maintain their housing
- Need a justice and housing and mental health strategy so that people exiting prison and forensic facilities have access to housing and the strategy minimises the risk of the house staying vacant for extended periods, where the courts defer the case
- Systems change that reinforces what the services need to change to engage people rather than stating that the person is hard to reach or difficult to engage
- Address stigma and NIMBY attitudes so that mixed housing is more acceptable
- Greater regulation of boarding houses
- Community controlled services as the preferred option for Aboriginal people
- Increase the Health Pathways focus to incorporate housing
- Lived experience workers working with housing providers and in allocation decisions
- A team approach (tenancy manager, support worker and family) to sustain tenancies and support people

WHAT DATA SHOULD BE COLLECTED?

- Housing status as a data collection point in mental health services
- Involve Aboriginal organisations in developing processes to collect data for Aboriginal community experiences
- Target setting for Renewal SA, local government approvals etc for specific groups
- Joining up data from different systems
- Collection of service satisfaction with housing providers on a regular schedule
- Length of tenure for people with mental illness
- Data for people not connected to services but at risk of homelessness

SUGGESTED FOCUS AREAS

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

- **Research in partnership with the Aboriginal community**, into economic and human costs of recurring, and intergenerationally homelessness in the Aboriginal community
- Increasing (and ongoing) investment in **rehabilitation programs** in order to improve social determinants
- **Advocate to the Prime Minister's Office** around homelessness and mental health and what impact it has on the community and individuals and looking at whole of government and whole of community solutions
- **Codesign and review policies** with lived experience to prevent barriers and increase access to housing
- Identify and connect with **those unknown to the system** who are historically 'difficult to engage', eg. those who live with their families
- **Economic modelling**, in partnership with the Aboriginal community, for investment on Aboriginal housing taking into account the economic, health and social benefits
- **Facilitating a national process and conversation** through data and exchange of best practice (including information from around the world) around homelessness and mental illness