



Psychiatric Disability Services
of Victoria (VICSERV)

INQUIRY INTO THE ADEQUACY AND FUTURE DIRECTIONS OF PUBLIC HOUSING IN VICTORIA

*Psychiatric Disability Services Victoria (VICSERV) welcomes the opportunity to provide a submission to the **Family and Community Development Committee inquiry into the adequacy and future directions of public housing in Victoria**. The submission focuses on the impact of the public housing need on people with a mental illness.*

VICSERV is the peak body for Psychiatric Disability Rehabilitation Support Services (PDRSS) in Victoria. Our members provide housing support, home-based outreach, psychosocial and pre-vocational day programs, residential rehabilitation, mutual support and self help, employment, training and support, carer education, respite and advocacy.

Introduction

The links between housing and mental illness are well established¹. Recent research found a 30 per cent prevalence of mental illness amongst homeless people². At least 42 per cent of people with severe mental illness are currently housed in tenuous forms of accommodation, including boarding houses, hotel/rented rooms, emergency accommodation, shelters or no fixed address. Many people living at home with their parents are considered 'housed' even though the arrangement might not suit either party. Only 27 per cent of people with a psychiatric disability are purchasing their own homes, compared with 70 per cent of the broader community.

Research shows that around 65 per cent of consumers identify housing and housing support as the most important issue in their lives. There is a strong association between housing and clinical improvement, and stable housing has been shown to be a better predictor of reduced hospital admissions than clinical interventions. For people with a mental illness, housing means affordable and appropriate accommodation, plus the supports necessary to maintain tenure. Support needs to be scalable, flexible and tailored to meet individual needs.

¹ See Appendix One, *Housing and Support: a platform for recovery*, VICSERV 2008

² *Are the Homeless Mentally Ill?* Guy Johnson and Chris Chamberlain, RMIT University, A paper presented at the Australian Social Policy Conference, University of New South Wales, 8-10 July, 2009

People with severe mental illness tend not to be in the paid workforce and are likely to be in receipt of the Disability Support Pension. This severely limits access to the private rental market and even to community housing where Housing Associations are forced to rely on low-income workers in order to achieve growth. Access to public housing, therefore, is vital for people with a mental illness.

The following feedback is offered in response to the Terms of Reference of the inquiry:

Public housing waiting lists

People who have a history of recurring homelessness or who are at risk of recurring homelessness, including those with a mental illness, are currently eligible to apply for Segment One of the Office of Housing Waiting List. Research undertaken by the Department of Human Services (DHS)³ has shown that in reality the majority of applications are not approved for Segment One and end up on Segment Three of the waiting list. People with a mental illness who have long-term or permanent support in place to enable them to live independently in the community are eligible to apply for Segment Two of the Waiting List. Anecdotal evidence suggests many people do not apply due to the complexity of the assessment process and beliefs about the unlikelihood of ever getting a suitable property.

As part of a strategic project to improve public housing responses, DHS has proposed significant changes to the various segments of the waiting list. VICSERV has provided feedback to DHS, which broadly supports the proposed changes and seeks to ensure that the housing and support needs of people with a mental illness are given a higher priority than they are currently.

Recommendation: *That the changes to the Office of Housing Segmented Waiting List proposed by the DHS Housing and Community Building Division are implemented.*

Mental health and housing policy

Early in 2009, the state government released a ten-year mental health reform strategy – *Because Mental Health Matters*. The strategy has a specific goal around increasing access to housing and support for people with a mental illness. Later in 2009, the Minister for Housing announced the development of a homelessness strategy. The homelessness strategy will be the State's response to the Federal Government's homelessness strategy, *The Road Home*.

³ DHS (December 2009), *Improving public housing response strategic project: new segmented waiting list proposal* Policy and Strategy Branch Housing & Community Building Division

Given the prevalence of mental illness amongst homeless people, it would seem important that there is a whole-of-government response to the housing and support needs of this group of people. At a minimum the Mental Health and Drugs Division of the Department of Health and the Housing and Community Building Division of the Department of Human Services should consider the development of agreements and accords to ensure policy collaboration and to formalise agreed outcomes for people with mental illness. New financial agreements and practices to enable departmental cost sharing for common clients would better reflect the whole-of-system benefits of providing housing and support.

Recommendation: *That the state government develop a mental illness and housing action plan.*

Location and tenure

It is well accepted that, ideally, community and public housing should be located close to transport, employment, community infrastructure and support services. This is particularly true for people with a mental illness who may participate in centre-based activities and/or have regular appointments with mental health practitioners. Continuity and easy access depend on stable long-term housing located in the heart of the community. Being housed in outlying suburbs in locations with high levels of disadvantage and crime is likely to be deleterious to anyone's mental health status, but more so for those with a pre-existing illness.

With the right support, many people with severe and enduring forms of mental illness such as schizophrenia and bipolar can live well in the community. Whilst symptoms can be managed, the illnesses are life-long. The need for public housing is likely to be life-long as well.

Recommendations: *That housing allocation for people with a mental illness takes into account the location of support services and transport issues.*

That people with severe and enduring mental illness in public housing are granted tenure for life.