

12 July 2017



IT'S TIME TO END
HOMELESSNESS

The Commissioners
Productivity Commission
Re: National Disability Insurance Costs
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Dear Commissioners MacRae and Spencer,

Re: National Disability Insurance Costs Position Paper

On behalf of Launch Housing I wish to respond to the Position paper into the Review of National Disability Insurance Scheme Costs. The issue of psychosocial disabilities related to a mental health condition is critical to homelessness specialist agencies such as Launch Housing and the sector generally.

Our response will focus specifically on the issue of psychosocial disabilities for people experiencing homelessness and concerns about service access through the National Disability Insurance Scheme (NDIS) for this group.

Launch Housing is an independent Melbourne based community organisation formed from the merger of Hanover Welfare Services and HomeGround Services on 1 July 2015, which brings a combined 75 years' experience working with people at risk of or experiencing homelessness. We are one of Victoria's largest providers of housing and homelessness support services. We provide flexible, specialist services that directly assist thousands of individuals, couples and families every year.

Launch Housing is Victoria's strongest advocates for affordable housing and leaders of research into homelessness that produces better outcomes for our clients and lasting positive change for our community. We believe housing is a basic human right that affords people dignity, and this is reflected throughout every aspect of our work. Everyone has a right to a home and it is our job to make this happen. Our mission is to end homelessness.

We operate across 14 sites and 19 local government areas from Whittlesea in the north to greater Dandenong in the south east of Melbourne. Last year we supported 18,000 people at risk of or experiencing homelessness across Melbourne.

Psychosocial disability and the NDIS

It is appropriate that people with psychosocial disability be supported through the NDIS, as long as there are no barriers for people to access this support especially for those experiencing and/or at risk of homelessness. Indeed, it is important that where an eligibility for service exists that access is actively facilitated. Access to appropriate mental health services through the NDIS and other

A merger between



mental health services is essential in ensuring the best service outcomes for people experiencing homelessness.

In particular it is critical for a recovery orientated model of care that addresses a person's mental illness as soon as possible, reduces its impact, and enhances recovery and wellbeing¹. This includes access to affordable and appropriate housing.

Pattern of need

The relationship between mental illness and homelessness has long been recognised. Many persons with a disability are estimated to have the highest levels of risk for homelessness in Australia; with the risk of homelessness principally differentiated according to the type of disability².

The research evidence clearly shows that people experiencing mental health issues are at greater risk of homelessness including chronic homelessness. And that the majority of people with mental illness who are homeless experience long-term homelessness and repeated episodes of homelessness³. For example, mental health is the second most frequently reported concern (53 per cent) reason people seek assistance from a specialist homelessness service⁴.

Data from specialist clinical mental health service paint a similarly grim picture: "Over a two-year period to July 2014, 2,177 clients of the specialist clinical mental health service system reported their accommodation was highly unacceptable – this is likely to be significantly under-estimated. Of these people, 937 reported a homeless address (that is, no fixed abode) as their address. Mental Health Community Support Service census data reported that 11 per cent of clients in 2010 were homeless or living in insecure housing (an estimated 2,000 people)"⁵. A 2011⁶ collaborative study, focused primarily on homelessness amongst people with a physical disability, found that around half of the participants had a mental illness in addition to their principal disability.

This pattern is consistent with that for Launch Housing. A survey conducted by Launch Housing found that a reasonable proportion of current clients (approx. 27%) would be NDIS eligible. This estimate is based on the existence of a diagnosed and likely disability, that the disability had been occurring for a period greater than five years and the reported disability was effecting key aspects of life. The survey also indicated the presence of more than one disability (58% of the potential eligible group) and the co-occurrence of other factors (in addition to homelessness) such as alcohol or drug issues.

¹ Mind Australia (n.d) Mind's approach to recovery orientated practice, link:

https://www.mindaustralia.org.au/assets/docs/Minds_approach_to_recovery_oriented_practice.pdf

² Beer, A., Baker, E & Lester, L (2014) 'Non-Psychiatric Disability and Homelessness: Understanding the Risks', *Parity*, June, Volume 27, Issue 5

³ The majority of people with mental illness who are homeless experience long-term homelessness and repeated episodes of homelessness.

⁴ See: DHSS (2015) Housing and homelessness - 10-year mental health plan technical paper, Melbourne; p1

⁵ Ibid

⁶ Beer, A., E. Baker., S. Mallett., D. Batterham., A. Pate and L. Lester (2011), '*Addressing homelessness amongst persons with a disability: Identifying and enacting best practice*', FaHCSIA National Homelessness Research Project.

Further, an in-depth analysis of a group of 25 clients experiencing chronic homelessness and with a history of frequent and intensive service use highlighted that mental health support continues to be a significant barrier to their recovery. For some of these clients, there has been a long history of acute clinical support and inpatient hospital admissions. However, accessing community mental health support and developing a clear pathway to recovery appears stalled for a majority of these clients. Further, for a group of 239 Launch Housing clients who had slept rough on the streets of Melbourne and with a support period recorded in 2016, more than a third (36%) had a reported mental health issue, which was more common among the female clients (48%) than male clients (33%).

In particular, people who sleep rough are much more likely to experience mental health issues and psychosocial disability. The characteristics of people sleeping rough have been found to be fairly consistent in both Australian and international research. In the profile of rough sleepers who have accessed support, the Australian Institute of Health and Welfare (AIHW) described the group as typically male, aged 35 years or over, unemployed, presenting to services alone, located in *major cities* and reported that they have a diagnosed mental health issue (<http://www.aihw.gov.au/homelessness/shsc/profiles-of-homeless-clients/rough-sleepers/>).

Unsurprisingly, mental health issues result in homelessness where they coincide with other vulnerabilities, such as poverty and a lack of family and other social supports⁷. The pathways into and out of homelessness, whilst varied for individuals and households, are defined by a number of key risk and trigger factors including the lack of affordable and appropriate housing. Critically the housing market experiences of persons with a disability are frequently very different to those of the general population. Mental illness is exacerbated by the instability of homelessness, and further compounded by the absence of support networks such as family and friends. Trauma is a further compounding factor. The link between traumas as a contributing or causal factor in developing mental illness has been well established with the majority of people accessing mental health services have experienced some form of trauma.

Principles of care to inform the NDIS

Access to appropriate mental health services is essential in ensuring the best service outcomes for people and is critical for a recovery orientated model of care that addresses a person's mental illness as soon as possible, reduces its impact, and enhances recovery and wellbeing⁸.

A person-centric and strength-based approach is commonly used by homelessness specialist services and is also a defining feature of good practice in the community mental health sector with its recovery-orientated approach to care for anyone with a psychosocial disability. Recovery is a very individual process and there are some people who continue to need support over many years and others who move in and out of the system as their needs change⁹.

⁷ See: Baker, E & Lester, L (2016) 'Multiple housing problems: A view through the housing niche lens', *Cities*, October

⁸ Mind Australia (n.d) Mind's approach to recovery orientated practice, link:

https://www.mindaustralia.org.au/assets/docs/Minds_approach_to_recovery_oriented_practice.pdf

⁹ Papakotsias, A., & Tobias, G (2015) Differentiating holistic mental health care from disability care, new paradigm, Spring 2016; p32

This notion of a person-centric approach is consistent with the underlying principle of the NDIS and is a positive element of the new scheme. Indeed, the promise of the NDIS is a new approach to providing individualised support for people with a disability (including people with a psychosocial disability). Ideally, the NDIS will provide an opportunity for some people experiencing homelessness and a mental health issue to access more flexible and appropriate care.

Eligibility criteria for the NDIS for people with a psychosocial disability

Mental health (psychosocial disability) was not originally part of the design and was a late addition to the NDIS. The inclusion of mental illness in the NDIS was an important recognition of the human rights of people with psychiatric disability. However, mental health consumers were among the last to phase across to the Scheme in Barwon, and the early stages of transition for this group, and for mental health service providers, has involved a period of confusion and anxiety¹⁰.

Eligibility

Launch Housing is concerned that many people experiencing homelessness and a mental health issue will not meet the threshold requirements for the NDIS. We are pleased to read in the Position paper (p. 24) how 81 per cent of people with psychosocial disability who lodged an access request to the NDIS were eligible for the scheme. The Position paper also remarks that that the investment approach to the NDIS and the recovery model of mental health are both about building capacity, and appear to be well aligned.

It is important that attention remains focused on the apparent alignment between the focus of the NDIS and the recovery model of mental health. There remains a concern that the focus on permanent impairment as an eligibility criteria¹¹, still risks seeing eligibility to the scheme effectively limited to those with the greatest disabilities¹². The notions of permanency and a lifetime of care seems to run contrary to best practice mental health care, which “focuses on recovery and fostering maximum independence for people with disabilities and chronic condition”¹³.

We note the evidence shows, for instance, that some individuals with mental health issues (especially those in unstable housing situations) will not meet the eligibility criteria of the NDIS and will therefore be required to rely on the other service^{14 15}. This is of particular concern in Victoria where all funding for community based mental health support (the current Mental Health Community Support Services or MHCSS) will, over coming years, be rolled into the NDIS.

Other barriers

In addition to the eligibility criteria of the NDIS, other barriers exist for people who experience homelessness with a psychosocial disability.

¹⁰ VicServ (2015) Learn and Build in Barwon, The impact of the National Disability Insurance Scheme on the provision of Mental Health Services in the Barwon Launch site, June 2015; p7

¹¹ See Collister, L (2015) Rehabilitation and disability support: are they the same? new paradigm, Spring 2016

¹² Helen Dickinson Gemma Carey , (2017), " Managing care integration during the implementation of large-scale reforms: the case of the Australian National Disability Insurance Scheme ", Journal of Integrated Care, Vol. 25 Issue 1

¹³ See: Deeble Institute, 2014, Implications of the National Disability Insurance Scheme for health service delivery. Deeble Institute, Issues Brief, No.NLCG-5, Australian Healthcare and Hospitals Association, 23 June 2014, Canberra.

¹⁴ Ibid, p7

¹⁵ VCOSS (2015) 10-year Mental Health Strategy VCOSS Submission; p14

The aforementioned survey by Launch Housing on NDIS eligible clients also considered the possible barriers to accessing support. The most significant barrier is the significant special and economic marginalisation already experienced by clients, which combined with the effects of their disability, can result in neither capacity nor willingness to participate. As a voluntary scheme, in which choice and control is paramount, the NDIS presumes capacity and willingness – the onus is on the individual to make contact, know the service, and identify and understand that there may be benefits for them.

Many Launch Housing clients will require considerable support to fulfil the necessary requirements to prove their eligibility, which is a considerable burden for an already overstretched sector. We acknowledge that these are, hopefully, teething problems associated with the roll-out of the scheme but nonetheless effectively pose additional barriers to clients.

The evidence highlights concerns about access restrictions and difficulties in negotiating the eligibility system for a range of people including those experiencing homelessness¹⁶. Some individuals may be eligible for the NDIS, but as the individual drives this, it may mean that some do not apply for support from the scheme¹⁷. There are particular challenges for people experiencing homelessness with a mental health issue. Transience, a lack of formal diagnosis, and difficulties navigating the service system have resulted in people experiencing homelessness being excluded from these services, particularly in the short to medium term¹⁸.

Many clients Launch Housing work with present with complex needs including mental health and a substantial, cumulative, experience of rough sleeping. These clients, as outlined in our Frequent Service Users report¹⁹, are highly marginalised and present a particular challenge in engaging with and receiving support services and housing. Mental issues are widespread for this group with nearly all clients having a diagnosed mental health issue. Whilst such a group would greatly benefit from the NDIS, our experience shows that additional supports are needed to assist a person to navigate the service system and engage with the scheme.

Transition to the NDIS of all current long and short term mental health state government funded services

The NDIS represents a significant shift in focus in the way services are provided to people living with mental illness and to their families²⁰. The lack of eligibility and access to the NDIS for Launch Housing clients is likely to be compounded by the roll-up of MHCSS services, which risks leaving a significant service gap for people with mental health issues who do not meet the NDIS criteria for service. While there is an expectation, that those who do not qualify for the NDIS, should receive services through mainstream health services²¹; the evidence strongly suggests this is not likely to be the case.

¹⁶ VCOSS (2015) 10-year Mental Health Strategy VCOSS Submission; p14

¹⁷ Ibid

¹⁸ Council to Homeless Persons (2016), Submission to the Ten Year Mental Health Strategy, September 2016; p6

¹⁹ Launch Housing (2016) Frequent Service Users Project, First quarterly report, March 2016

²⁰ See: VicServ (2015) Learn and Build in Barwon, The impact of the National Disability Insurance Scheme on the provision of Mental Health Services in the Barwon Launch site, June 2015; p 8

²¹ Helen Dickinson Gemma Carey , (2017), op. cit

Broadly the evidence suggest there will be a significant service gap for people with mental health issues that do not meet the NDIS criteria for service²². In particular there is a concern that if people currently using community mental health services are deemed ineligible for NDIS support, they will no longer be able to rely on their current support services, putting their recovery and mental wellbeing at risk. Already, transience, a lack of formal diagnosis and difficulties navigating the service system has resulted in people experiencing homelessness being excluded from these services, particularly in the short to medium term.

Continued need for services to be provided for people deemed ineligible for the NDIS

The Positioning paper (p. 33) rightly notes the concerns of service agencies that, as mental health support programs are rolled into the NDIS, people using these services (including those not eligible for the NDIS) may no longer receive continuity in support. Launch Housing shares these concerns.

The roll-up of MHCSS programs in Victoria highlights the need for a new approach to community mental health for people either experiencing or at risk of homelessness. In particular, additional services are required for individuals who need assistance to navigate the system of care and those who do not meet the high thresholds for mental health support, but for whom without it, the risk of homelessness is high²³.

Governments at all levels have a clear role to ensure the provision of targeted, evidence-based community managed mental health services that can help people to better manage their mental distress, assist them in their recovery journey²⁴. An integrated and partnership approach with specialist homelessness services, such as Launch Housing, is critical to this process. For instance, approaches that draw on the theory and practice experience of Housing First, permanent supportive housing programs, assertive outreach, and private rental assistance provide a useful starting point.

Summary

In summary, Launch Housing welcomes the introduction of the NDIS and notice the challenges facing the implementation of the scheme nationally.

We are supportive of a personalised approach and increase access to appropriate services and supports be it through the NDIS and other services for people with a psychosocial disability. Indeed, the initial experience of the Barwon trial has been positive for those eligible for the NDIS, with a greater choice and varied services available to participants of the scheme.

The Position paper (p. 33) states that mental health and psychosocial disability have been made a key priority of the COAG Disability Reform Council (DRC), but more clarity is required. On behalf of people experiencing homelessness and a psychosocial disability, we can only reiterate this point.

In particular we remain concerned about those who will either not be eligible for the NDIS, or will have difficulties accessing the scheme. The substantive issue is the need to ensure that perverse

²² See: Council to Homeless Persons (2016), Submission to the Ten Year Mental Health Strategy, September 2016; p6

²³ Ibid; p4

²⁴ Naughtin, G., & Grigg, M (2015) Beyond NDIS – Community Managed Mental Health Services, new paradigm, Spring 2016; p17

incentives are not created that work against the wellness and recovery approach, and that service delivery for NDIS participants is outcome focused. The design of the NDIS does present significant barriers to entry for our clients and, thus far, the National Disability Insurance Agency (NDIA), and its agents, have not made sufficient efforts to ensure that people experiencing homelessness will have the access to the scheme that they need.

As noted above, there is also a need for response to psychosocial disability outside the NDIS including community mental health responses. Launch Housing, along with other providers, remain concerned that many people with mental illness including those experiencing homelessness, may inadvertently be left without the support they need to live in the community.²⁵

The Position paper (p. 33) makes the important point that support will still be required for people with mental health illnesses outside of the NDIS scheme. This requirement takes on a particular emphasis in Victoria once the transition of MHCSS is completed by 2019. Indeed, as the Position paper (p. 33) further observes, while Governments have agreed to provide continuity of support for disability services outside the NDIS, in practice there is confusion and uncertainty about what services will continue to be provided and/or funded.

Accordingly, there is a need for community mental health services to be provided outside the NDIS. In particular, additional services are required for individuals who need assistance to navigate the system of care and those who do not meet the high thresholds for mental health support, but for whom without it, the risk of homelessness is high²⁶.

Launch Housing looks forward to the outcome of the deliberations of the Productivity Commission and can provide further advice if required.

Yours sincerely,

Heather Holst

Acting Chief Executive Officer

²⁵ See McDonald, J (2015) Because mental health and carers STILL matter! new paradigm, Spring 2016

²⁶ Council to Homeless Persons (2016), *ibid*; p4