

Mind Australia Limited

Productivity Commission Housing and Homelessness Agreement Review

Additional Information Following Disability Consultation



About Mind Australia

Mind Australia Limited (Mind) is one of the largest providers of community-managed psychosocial services in Australia with a range of residential, mobile outreach, centre-based and online services. We have been providing support to people, and their families, friends and carers for more than 40 years.

In the 2020-21 financial year, we provide individualised, evidence-based and recovery-focused support to more than 11,000 people experiencing mental health and wellbeing concerns, including disabilities arising from those concerns – otherwise known as psychosocial disabilities.

We are one of the leading specialist community housing providers in Australia for people experiencing psychosocial disability, and a registered NDIS provider – entrusted to deliver federal and state government funded services across Australia. We are one of the largest providers of NDIS funded supported independent living for people with a psychosocial disability in Australia.

We value lived experience and diversity and many of our staff identify as having a lived experience of mental ill health. Mind significantly invests in research about mental health recovery and psychosocial disability and shares this knowledge, developing evidence informed new service models, evaluating outcomes, and providing training for peer workers and mental health professionals.

Recommendations for the next National Housing and Homelessness Agreement

1. Set a target of 15% of new housing set aside for people with a lived or living experience of severe and complex mental ill-health and psychosocial disability.
2. Ensure that funded support is available to people to maintain their tenancies even when this is not available through the NDIS.
3. Set homelessness prevention targets for maintenance of tenancies for people with a history or living experience of severe and complex mental ill-health.
4. Assign responsibility and implement housing maintenance plans for those who are hospitalised, so that tenancies can be maintained and supported through periods of hospitalisation.
5. Fund a post-discharge Emergency Housing Fund to enable people to get back on their feet after a hospital admission or period of being unwell.
6. Develop and fund a program to provide people with assistance to transition into housing following a stay in hospital, including assistance to apply for and access NDIS funding and support.
7. Increase the rates of Commonwealth Rent Assistance to support more people to be able to obtain housing in the private rental market.
8. Review eligibility criteria for housing and homelessness programs, including the NDIS, so that they do not discriminate against people with mental ill-health and psychosocial disability.
9. Address the gap in residential rehabilitation services created by a lack of clear responsibility in the Applied Principles and Tables of Support (APTOS) for funding, ensuring the roles of governments around housing and psychosocial rehabilitation is clearly defined.
10. Implement a training program across community housing agencies so housing officers are well equipped in working with tenants with severe and enduring mental illness.

Introduction

We were pleased to be invited to the Productivity Commission’s consultation with the disability sector on the National Housing and Homelessness Agreement (NHHA). Further to Mind’s contributions to the roundtable, we welcome the opportunity to provide the Commission with further information about the housing experiences of people with disability – specifically, psychosocial disability – and how their housing and homelessness outcomes could be improved, with reference to the review of the NHHA.

There are **multiple barriers to accessing safe and affordable housing**, with these often compounded for people experiencing mental ill-health and psychosocial disability. There are structural barriers in the housing system, including declining stocks of social and affordable housing, especially that which is appropriate and comes with support. There are also financial barriers, with income support being inadequate to sustain a tenancy. A lack of integration in policy, funding and programs relating to housing and homelessness also leaves cracks for people to fall into, especially those vulnerable to housing stress.

Housing experiences of people with mental ill-health and psychosocial disability

People with mental ill-health are at greater risk of experiencing housing insecurity and homelessness.

- Over the last five years, the number of people with a current mental health issue accessing Specialist Housing Services has increased by around 25 per cent¹.
- It is reported that more than 200 Victorians with a disability who were well enough to be discharged were in hospital for over five months due to NDIS-related delays and a lack of appropriate housing.² Almost 40 mental health patients stayed an average of 341 days in hospital.
- The Summer Foundation also estimates over 1000 people are stuck in hospitals waiting for plans to be signed off or for disputes to be resolved.³
- Having poor mental health makes you more likely to experience substandard housing, and poor housing exacerbates mental health problems.
- *Trajectories* research indicated a diagnosed mental health condition increases the likelihood that people will be **forced to move from their home within one year by 39%**, with **people experiencing psychological distress having an 89% likelihood of financial hardship** in the following year.

Despite the significant benefits of stable accommodation for the recovery of people experiencing mental ill-health, this cohort continue to face significant barriers accessing housing and related supports. **People’s recovery, ability to live and be included in the community, along with the effectiveness of mental health and other services is in jeopardy when people do not have a safe and stable place to call home.**

¹ Australian Institute of Health and Welfare (AIHW; 2022). Specialist Homelessness Services: monthly data (Last updated: 26 May 2022). Accessed at: <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data/contents/monthly-data>

² Topsfield, J. (2022). Disabled Victorians forced to wait in hospital beds due to NDIS delays. *Sydney Morning Herald*. Accessed at: <https://www.smh.com.au/national/disabled-victorians-forced-to-wait-in-hospital-beds-due-to-ndis-delays-20220519-p5amlv.html>

³ Summer Foundation. (2022). *People with Disability Stuck in Hospital* (May 2022). Accessed at: <https://www.summerfoundation.org.au/wp-content/uploads/2022/05/PWD-Stuck-in-Hospital-Summary-May-2022-.pdf>

We know there are around \$4.4 million Australians with a disability⁴, but only around 12% (518,668⁵) of this cohort are accessing the NDIS. Of those accessing the Scheme, around 10% have a primary psychosocial disability.⁶ Many will require home and living support in order to participate fully in the community. The intent of governments to support those who are not eligible for the NDIS appears to have been forgotten. There is a large gap between mainstream services and the NDIS, with the Productivity Commission estimating over 150,000 people with psychosocial disability alone are missing out on much-needed support.⁷

The National Disability Insurance Scheme (NDIS) provides funding for home and living options, but not everyone is eligible. New Supported Independent Living (SIL) operational guidelines contain **eligibility criteria which effectively exclude people with a psychosocial disability** – disabilities arising from mental ill-health – due to criteria which does not reflect their needs.

- There were few new SIL plans approved for people with psychosocial disability in Quarter 3, 2021-22.⁸
- People with psychosocial disability are underrepresented in Specialist Disability Accommodation. Despite representing almost 11%⁹ of all Scheme participants, only a small proportion of SDA recipients have a psychosocial disability.
- As at 30 June 2020, only 1.6% of participants with a psychosocial disability had SDA funding, as opposed to over 4% of non-psychosocial participants.¹⁰

More recently, the Victorian Royal Commission (2021) and Productivity Commission Mental Health inquiry (2020) highlighted the need for reform, attributing limited availability of SDA to slow growth in supply and **access barriers relating to NDIS settings being focused on physical disability and not reflecting the needs of people with a psychosocial disability**.

Australia's Disability Strategy also seeks the outcome that 'people with disability live in inclusive, accessible and well-designed homes and communities.'¹¹ We are pleased the strategy recognises the role of housing in a person's ability to participate in their community. The Strategy also sets a priority around mental health supports and services being appropriate, effective and accessible for people with disability. However, there is little recognition of the unique needs of people with disabilities arising from their mental ill health – otherwise known as psychosocial disability.

The next NHHA should integrate priorities of the Disability Strategy, along with findings and recommendations from reports and inquiries.

Unmet demand for specialist supported housing

There is significant unmet demand for specialised long-term housing for people with serious and persistent mental ill-health. The Haven Foundation, established in 2011 as a Community Housing Provider, delivers long-term housing for people living with serious and persistent mental illness. It is a

⁴ Australian Institute of Health and Welfare (AIHW; 2020). People with disability in Australia (Last updated: 02 Oct 2020). Accessed at: <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/people-with-disability/prevalence-of-disability>

⁵ NDIA. (2022). *NDIS Quarterly Report to disability ministers: 31 March 2022*. Accessed at: <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

⁶ Ibid

⁷ Productivity Commission. (2020). *Mental Health*. Accessed at: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf>

⁸ NDIA. Table E.15 Participant profile per quarter (participants in SIL) by primary disability group – National. *NDIS Quarterly Report to Disability Ministers: 31 March 2022*. Accessed at: <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

⁹ NDIA. (2022). *NDIS Quarterly Report to disability ministers: 31 March 2022*. Accessed at: <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

¹⁰ NDIA. *People with a psychosocial disability in the NDIS – 30 June 20*.

¹¹ Department of Social Services. (2021). *Australia's Disability Strategy 2021-2031*. Commonwealth of Australia. Accessed at: <https://www.disabilitygateway.gov.au/document/3106>

subsidiary of Mind Australia Limited, with Mind and the Haven Foundation creating the Haven Homes model. The Haven model offers supported independent living for up to 16 individuals in self-contained units. Residents have access to large open community and recreation spaces, where they can choose to socialise or enjoy on their own. Mind staff are on site to provide 24/7 support with activities of daily living, recovery, and capacity and skill development. The staff team is made up of peer workers and mental health practitioners.

A new Haven building costs around \$5.5M. Land size to build 16 self-contained units with substantial community living and staff area for on-site overnight support is ~1600sqm. The 16-apartment build at \$5.5M equates to around \$343K per apartment.

Haven residents are **referred from the public-housing waiting list, homelessness and supported residential services, along with clinical services such as community care units. This reduces demand for acute clinical services.** Residents typically have significant psychosocial disability with around 30% of residents having a dual disability, such as intellectual disability, autism spectrum disorder or acquired brain injury, along with experiences of trauma, and long-term housing instability and/or homelessness.

Haven **residents report that having access to 24/7 professional support is a significant part of why their mental health and housing has been stable.** Evaluation¹² of the Haven model found improved outcomes for residents, including independent living skills, greater engagement with education or employment, and a reduction in use of bed-based public mental health services. The evaluation also found **increased achievement of personal goals and a sense of belonging**, with greater hope for the future and stabilisation of mental health, although for many residents day-to-day symptoms remained challenging.

Due to the scale of shared supports this model is cost effective. Average annual committed dollars for people with NDIS funded Supported Independent Living (SIL) packages who live at a Haven are ~\$150,000 per annum. Of this amount, residents contribute approximately \$100,000 towards the cost of individual and shared supports within the Haven home. This is significantly lower than the national average package size for all participants (including people with a psychosocial disability) with SIL funding which is ~\$325,000 per annum.

Largely, **the cost effectiveness is due to supports being shared** amongst all residents at Haven. Additionally, the model is strongly consumer and family led which ensures that family relationships are at the heart of the recovery journey.

There is also **significant need for short-to-medium term residential rehabilitation programs to assist people to regain their functional capacity and ability to live independently in the community.** There is a gap in residential rehabilitation services created by a lack of clear responsibility in the [Applied Principles and Tables of Support \(APTOS\)](#). The Victorian Royal Commission recommended (#12) that the Victorian Government implement a whole-of-system rehabilitation pathway, including two new bed-based rehabilitation models of care for people living with mental illness who require ongoing intensive treatment, care and support. One of these new models, being a community rehabilitation model of care.¹³

Residential rehabilitation should be addressed in the next NHHA, ensuring that the role of state, territory and federal governments around housing and psychosocial rehabilitation is more clearly defined so that people with psychosocial disability are not falling through the cracks.

¹² Lee, S., Gilling, J., Kulur, B., and Duff, C. (2013). *Exploring the impact of housing security on recovery in people with severe mental illness: Summary report*. Accessed at: https://www.mindaustralia.org.au/sites/default/files/Exploring_the_impact_summary_report.pdf

¹³ State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Summary and recommendations, Parl Paper No. 202, Session 2018–21 (document 1 of 6).

Trajectories: the interplay between mental health and housing pathways

Mind Australia in partnership with the Australian Housing and Urban Research Institute (AHURI) completed a two-year national study examining the relationship between the housing and mental health pathways of people with lived experience of mental ill-health.

The ground-breaking research confirms a direct relationship between housing and mental health. Among other key findings, the research shows that housing is the foundation for mental health recovery and that mental health, housing and homelessness are interrelated.

The research identified five typical trajectories which capture people's experiences with mental health and housing services and systems, as well as potential points of practical intervention and key issues for system improvement. This includes a number of 'circuit breakers' which support people to move towards being well supported.

Key findings from the report include:

- The benefits of providing stable, long-term accommodation to those experiencing mental ill health are significant.
- Housing is essential for mental health recovery, with poor mental health directly impacting on housing stability.
- Safe, secure, appropriate and affordable housing is critical for recovery from mental ill-health, yet there is a shortage of appropriate housing options for people with lived experience of mental ill-health.
- **Having poor mental health makes you more likely to experience homelessness or substandard housing, and poor housing creates or exacerbates mental health problems.**
- *Trajectories* research indicated a diagnosed mental health condition increases the likelihood that people will be **forced to move from their home within one year by 39%, with people experiencing psychological distress having an 89% likelihood of financial hardship in the following year.**
- Mediating factors can reduce the likelihood of housing instability and shorten a period of mental ill-health. Mediating factors, such as social support, good general health, and accessing mental health and other health services, can reduce the likelihood of housing instability and shorten the length of time a person experiences mental ill-health.
- There is a need for timely and flexible supports, not just crisis responses.
- Overall, the evidence suggests that holistic approaches which integrate housing and mental health support with social support, healthcare, financial support, and effective early intervention are most likely to assist in recovery.
- These are 'circuit breakers' to the cycle of spiralling around, and in and out of service systems without ever really moving on to achieve a preferred and contributing life.

Relevant Trajectories Reports:

- [Final Research Report](#)
- [Policy priorities for better access to housing and mental health support for people with lived experience of mental ill-health and housing insecurity](#)
- [Report from national consumer and carer consultations](#)
- [Report from Aboriginal and Torres Strait Islander consultations](#)

A trusted provider of
community mental health
support services to people
and their families, friends
and carers for over 40 years.



Mind Connect

1300 286 463

Carer Helpline

1300 554 660

mindaustralia.org.au

mindconnect@mindaustralia.org.au



Mind Central Office | 86-92 Mount Street
PO Box 592 | Heidelberg VIC 3084

Mind Australia Limited ABN 22 005 063 589