

23 January 2020

Mental Health Inquiry
Productivity Commission
GPO Box 1428
CANBERRA CITY ACT 2601

Attn: Inquiry Secretariat

NT Shelter is the peak body for affordable housing and homelessness in the Northern Territory. Our members are organisations working in the specialist homelessness, community housing, mental health, domestic and family violence and related sectors, concerned with issues of housing affordability and homelessness in the NT.

We are pleased to provide this submission in response to the Productivity Commission's Mental Health Inquiry Draft Report.

We know that the effectiveness of mental health service delivery can be compromised when provided to a person residing in an unstable living environment or experiencing homelessness, and that when people with mental ill-health are housed and supported, their recovery improves.

NT Shelter is encouraged by the consideration within the Productivity Commission's Draft Report of the importance of non-health services, organisations and adequately trained and resourced (social housing) sector workers in both preventing mental illness from developing and in facilitating a person's recovery.

Thank you for your consideration of our submission.

Yours faithfully

Peter McMillan
Executive Officer



**SUBMISSION IN RESPONSE TO THE PRODUCTIVITY COMMISSION'S DRAFT
REPORT INTO THE SOCIAL AND ECONOMIC BENEFITS OF IMPROVING
MENTAL HEALTH**

23 January 2020

NT Shelter welcomes the opportunity to make a submission in response to the Productivity Commission's Draft Report into *The Social and Economic Benefits of Improving Mental Health*. This submission is supplementary to our previous submission which we do not intend to replicate in full.ⁱ

NT Shelter is the Northern Territory's peak body for affordable housing and homelessness. We advocate for affordable and appropriate housing for all Territorians, especially those with low income, and those particularly vulnerable and disadvantaged in the housing market. As a member-based organisation, our response is framed around our organisation's knowledge of the state of homelessness in the Northern Territory, the needs of persons facing barriers to obtaining safe and secure affordable housing, and interrelationships with mental health. NT Shelter strongly supports efforts to safeguard and protect the rights of those people for whom access to affordable and appropriate housing remains elusive, including those experiencing mental health challenges.

The Northern Territory is far from where it needs to be in terms of ensuring adequate housing and tenancy supports are available and accessible to people experiencing mental illness.

The NT has a significant and disproportionate level of homelessness at twelve times the national average. Demand for homelessness services is three times that of other states and territories and the level of unmet demand is twice as high.ⁱⁱ Aboriginal persons represent one third of the Territory's population but are significantly overrepresented at 88.5% of all homeless persons.ⁱⁱⁱ 83% of homeless persons in the NT live in severely overcrowded dwellings, the majority (71%) of which are in remote or very remote communities outside of Alice Springs and Darwin.^{iv}

In the private housing market, the NT remains one of the least affordable jurisdictions in the country in which to rent a property.^v The Northern Territory also has the least protection for renters in Australia with "no grounds" evictions and short lease periods contributing significantly to the risk of people with mental illnesses entering homelessness. Experience from front line Specialist Homelessness Services (SHS) providers consistently reveals that clients are often isolated, suffer poor physical health, have disrupted family and social networks and may have difficulties carrying out a range of day to day responsibilities and functions.

Without supported, affordable, secure accommodation, people's mental health is being compromised, placing further responsibility and financial burden on an already overstretched health system. Social and community services, including services for homeless persons and those at risk of homelessness, are vital for the social development, economic productivity and growth of the Northern Territory.

Our response

NT Shelter is encouraged by the consideration within the Productivity Commission's Draft Report of the importance of non-health services, organisations and adequately trained and resourced (social housing) sector workers in both preventing mental illness from developing and in facilitating a person's recovery. We know that the effectiveness of mental health service delivery can be compromised when provided to a person residing in an unstable living environment or experiencing homelessness, and that when people with mental ill-health are housed and supported, their recovery improves. We support the Report's reform objectives on service delivery integration, investment in services beyond health, housing supply, an increase in Australian Government funding for housing and homelessness services and Draft Recommendations 10.4 (Care coordination services), 15.1 (Housing security for people with mental illness), 15.2 (Support for people to find and maintain housing) and 24.3 (The National Housing and Homelessness Agreement), with elements strengthened, as noted below.

The Northern Territory Mental Health Coalition (NTMHC) has also welcomed the acknowledgement of the importance of non-health services in their response to the Productivity Commission's Draft Report into *The Social and Economic Benefits of Improving Mental Health*. The NTMHC has supported objectives on service delivery integration and housing supply, and the intent of draft recommendations 15.1, 15.2 and 24.3 in accordance with our remarks, as set out below.

We were also pleased to see the inclusion of Draft Recommendation 5.9 – *Ensure Access to the right level of care*, care that is “timely and culturally appropriate”.^{vi} Also, the recognition of the need for “culturally appropriate mental healthcare” in Part II *Reorienting health services to consumers* Healthcare access Reform Objective.

We would however like to see an explicit incorporation of culturally appropriate, culturally informed^{vii} and culturally designed practices in the work of non-health services engaged through care coordination mechanisms or otherwise, in the pursuit of the Productivity Commission's goals.

As stated earlier, Aboriginal people make up the vast majority of those experiencing homelessness in the Northern Territory. The National Partnership Agreement on “Closing the Gap” in Indigenous Health Outcomes sets out a range of approaches designed to increase collaboration across health and non-health services and reduce health disadvantage in Aboriginal and Torres Strait Islander communities through deep understanding of cultural strengths. These principles have been recognised by the Council of Australian Governments (COAG) and in 2018, housing was added as a distinct priority area of focus. It is imperative that the new policy initiatives and investment in mental health and housing programs, tenancy support services and infrastructure, as recommended by the Productivity Commission, are undertaken following extensive consultation with Aboriginal people and organisations and in a manner consistent with “Closing the Gap” principles.^{viii}

Response to Draft Recommendation 15.1 - Housing security for people with mental illness

DRAFT RECOMMENDATION 15.1 — HOUSING SECURITY FOR PEOPLE WITH MENTAL ILLNESS Housing services should increase their capacity to prevent people with mental illness from experiencing housing issues or losing their home.	
<i>In the medium term (over 2 – 5 years)</i>	Our response
<ul style="list-style-type: none"> Each State and Territory Government should offer and encourage the use of mental health training and resources for social housing workers. Training should incorporate awareness about how to identify early warning signs of mental illness and the benefits of early intervention. It should also provide advice on appropriate interventions to stabilise existing tenancies for people with poor mental health, such as connecting tenants to mental health services or care coordinators. 	Supported in principle

NT Shelter supports Recommendation 15.1, point 1 in principle, however we would strengthen the recommendation to the following: Mental health training and resources for social housing workers *must* be offered and encouraged. We agree that training should incorporate awareness about how to identify early warning signs of mental illness (mental health first aid). Social housing workers should have ready access to mental health services or care coordinators, and where appropriate and necessary, engage with care coordinators in integrated and collaborative partnerships to stabilise existing tenancies.

To this end, we also support Draft Recommendation 10.4 – Care Coordination Services. People experiencing mental illness often are in contact with, and require the support of, several government agencies throughout their treatment and recovery journey. We support this Recommendation’s consideration of matching care coordination programs with local needs and across all relevant agencies. The use of care coordinators for people with severe and complex mental illness is imperative in clients achieving their goals and maintaining stable housing tenancies.

<ul style="list-style-type: none"> State and Territory social housing authorities should review their policies relating to anti-social behaviour, temporary absences and information sharing to provide consideration for people with mental illness, so as to reduce the risk of eviction. 	Supported
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State and Territory social housing authorities should also review their policies to reduce the risk of eviction as part of the nationally consistent formal policy proposed in Draft Recommendation 15.2, point 1, to ensure no exits into homelessness for people with mental illness.

<ul style="list-style-type: none"> Each State and Territory Government, with support from the Australian Government, should ensure that tenants with mental illness who live in the private housing market have the same ready access to tenancy support services as those in social housing by meeting the unmet demand for these services. 	Needs strengthening
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Successful intervention in preventing people with mental illness from losing their home requires, as is noted in the Productivity Commission’s discussion of issues, initiatives including an expansion of tenancy support services. NT Shelter supports the intention of this Recommendation and the inclusion of tenants with mental illness who live in the private housing market (as tenants or homeowners).

Meeting the unmet demand for tenancy support services will require an increased quantum of Australian Government funding for State and Territory Government-provided housing and homelessness services. As per our response to the Productivity Commission’s Draft Recommendation

24.3 (below), this funding increase must be determined with regard to actual need rather than population size alone.

A re-configuration of tenancy support services themselves is also necessary. Tenancy support programs must be specifically tailored to people experiencing mental illness to prevent and respond to homelessness and accommodation instability.^{ix} They must be client focused, culturally informed and flexible enough to respond to individual need.

Tenancy support programs for people with mental illness should not be time-limited.^x All tenants with mental illness need access to personalised ‘management plans’ for as long as they need, and to be supported to develop their independent living and ‘home-making’ skills which in turn boost a person’s ability to connect with social networks, employment and community.^{xi}

<i>In the long term (over 5 – 10 years)</i>	
<ul style="list-style-type: none"> • State and Territory Governments should monitor the impacts of forthcoming reforms to residential tenancy legislation, including no-grounds evictions, and assess the potential impacts for people with mental illness who rent in the private market. 	Needs strengthening

This Recommendation needs to be strengthened. As CHOICE and others have noted, the willingness of many tenants to exercise their rights as consumers to request repairs to faults is reduced due to their fear of retaliatory rent rises or no-cause evictions.^{xii} High risk cohorts including people with mental illness must have stronger protections embedded in residential tenancies legislation in each State or Territory. The need to ensure a fair balance is struck for rights and responsibilities of both landlords and tenants alike remains a priority for many jurisdictions, including the Northern Territory. Protections for tenants with mental illness could be in the form of measures similar to those incorporated into some jurisdictions which work to deliver better outcomes for victims of domestic and family violence and to provide clear guidelines for landlords and their agents.^{xiii} This must apply to individuals residing in both private rental properties and supported long-term accommodation.

Response to Draft Recommendation 15.2 — support people to find and maintain housing

DRAFT RECOMMENDATION 15.2 — SUPPORT PEOPLE TO FIND AND MAINTAIN HOUSING	
Housing and homelessness services should have the capacity to support people with severe mental illness to find and maintain housing in the community.	
<i>In the short term (in the next 2 years)</i>	
<ul style="list-style-type: none"> • Each State and Territory Government, with support from the Australian Government, should commit to a nationally consistent formal policy of no exits into homelessness for people with mental illness who are discharged from institutional care, including hospitals and prisons. 	Strongly Supported
<ul style="list-style-type: none"> • Governments should ensure that people with mental illness who exit institutional care (particularly hospitals or prisons) receive a comprehensive mental health discharge plan, and services have the capacity to meet their needs. These programs should integrate care coordination and access to accommodation. 	Strongly Supported

We fully support the above Recommendations alongside Draft Recommendation 16.4, point 2: State and Territory Governments should work with Aboriginal and Torres Strait Islander organisations to ensure Aboriginal and Torres Strait Islander people with mental illness are connected to culturally appropriate mental healthcare in the community upon release from correctional facilities.

<ul style="list-style-type: none"> • The National Disability Insurance Agency should review its Specialist Disability Accommodation strategy and policies with a view to encouraging development of long-term supported accommodation for National Disability Insurance Scheme recipients with severe and persistent mental illness. 	Supported
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NT Shelter are pleased to see the inclusion of this Draft Recommendation. Special consideration needs to be given to how this recommendation can be effectively implemented for NDIS participants residing in areas of ‘thin markets’ (i.e. low resident populations dispersed across a wide geographic area).

<ul style="list-style-type: none"> • Each State and Territory Government, with support from the Australian Government, should work towards meeting the gap in the number of ‘supported housing’ places for those individuals with severe mental illness who are in need of integrated housing and mental health supports. 	Strongly Supported
<ul style="list-style-type: none"> – Governments should provide (either themselves or outsourced to non-government organisations) a combination of long-term housing options for this cohort to support the diverse needs for mental health support and tenancy security 	Strongly Supported

NT Shelter supports this Draft Recommendation. However, we seek the inclusion of an assurance that long term housing solutions for people residing in both urban and rural/remote locations is incorporated into assessments of both current need and forward planning, as outlined in the paper’s discussion of what is required for a well-functioning mental health system.

We are also pleased to see the Draft Recommendation consider both long-term housing options and tenancy security.

<ul style="list-style-type: none"> • Each State and Territory Government, with support from the Australian Government, should work towards meeting the gap for homelessness services among people with mental illness in their jurisdiction. This could include increasing existing homelessness services as well as scaling up longer-term housing options such as Housing First programs. 	Strongly Supported
<ul style="list-style-type: none"> – Housing First programs should target people who experience severe and complex mental illness, are persistently homeless, and are unlikely to respond to existing homelessness services. 	Strongly Supported
<ul style="list-style-type: none"> – This would require governments to invest in homelessness services that make long-term housing available specifically for these programs. 	Strongly Supported

Recent modelling by the Northern Territory’s Department of Local Government, Housing and Community Development indicates that 8,000 to 12,000 additional dwellings are required to meet demand for accommodation in the NT by 2025. Approximately 75 per cent of this projected demand is needed in the social housing system and particularly in remote regions.^{xiv}

Despite investment from both the Northern Territory and Australian governments, the NT Government acknowledges that the unmet demand will not be met by 2025, and will require a longer term commitment than the NT Government’s 2020-25 Housing Strategy.

We strongly support these important recommendations. It is critical that dedicated, additional funding is allocated towards long-term housing programs such as Housing First, specifically targeted to people who experience severe and complex mental illness.

Response to Draft Recommendation 24.3 — the National Housing and Homelessness Agreement

DRAFT RECOMMENDATION 24.3 — THE NATIONAL HOUSING AND HOMELESSNESS AGREEMENT	
<i>In the medium term (over 2 - 5 years)</i>	
<p>As part of the next negotiation of the National Housing and Homelessness Agreement, the Council of Australian Governments should increase the quantum of Australian Government funding for State and Territory Government-provided housing and homelessness services. State and Territory Governments should use this additional funding to expand their provision of housing and homelessness services for people with mental illness.</p>	<p>Needs strengthening</p>

NT Shelter enthusiastically supports the acknowledgement of the need for an increased quantum of Australian Government funding for State and Territory Government-provided housing and homelessness services.

Under existing National Partnership Agreements for homelessness and affordable housing (NHHA), funding is allocated on a per capita (population) basis with no regard to actual need. The Northern Territory currently receives a mere \$18.9 million, or 1.3% of total Commonwealth funding for affordable housing and homelessness despite a capita rate of demand for services at three times that of other states and territories and a rate of 42.3 clients per 10,000 population presenting to Specialist Homelessness Services in 2018-19 with a current mental health issue (compared to the national average of 34.6).^{xv}

Funding for the NT is overwhelmingly inadequate and inequitable given the affordable housing and homelessness challenges across the Northern Territory. As part of National Housing and Homelessness Agreement negotiations, we believe that in addition to the quantum of funding increased allocations must be determined with regard to actual need rather than population size alone.

Summary of NT Shelter’s response to the Draft Recommendations relating to housing and homelessness

DRAFT RECOMMENDATION 10.4 — CARE COORDINATION SERVICES	
All people with severe and persistent mental illness who require care coordination services due to their complex health and social needs should be receiving them. Governments should set a national benchmark for all commissioning authorities, to ensure such services are available and any gaps are addressed.	
<i>In the short term (in the next 2 years)</i>	
All commissioning authorities should:	
<ul style="list-style-type: none"> assess the number of people who require care coordination services in their region of responsibility, and the extent to which they are already accessing effective care coordination through existing programs, including the National Disability Insurance Scheme (NDIS) 	Strongly Supported
<ul style="list-style-type: none"> streamline care coordination arrangements and ensure that people with a severe and persistent mental illness and complex needs requiring support from multiple agencies have access to effective care coordination. 	Strongly Supported
<i>In the medium term (over 2 – 5 years)</i>	
All commissioning agencies should ensure that care coordination programs are available to match local needs, including for those people with severe and persistent mental illness and complex needs who do not qualify for the NDIS, and people with severe mental illness who require care coordination only for brief periods of time.	Strongly Supported
DRAFT RECOMMENDATION 15.1 — HOUSING SECURITY FOR PEOPLE WITH MENTAL ILLNESS	
Housing services should increase their capacity to prevent people with mental illness from experiencing housing issues or losing their home.	
<i>In the medium term (over 2 – 5 years)</i>	
<ul style="list-style-type: none"> Each State and Territory Government should offer and encourage the use of mental health training and resources for social housing workers. Training should incorporate awareness about how to identify early warning signs of mental illness and the benefits of early intervention. It should also provide advice on appropriate interventions to stabilise existing tenancies for people with poor mental health, such as connecting tenants to mental health services or care coordinators. 	Supported in principle
<ul style="list-style-type: none"> State and Territory social housing authorities should review their policies relating to anti-social behaviour, temporary absences and information sharing to provide consideration for people with mental illness, so as to reduce the risk of eviction. 	Supported in principle
<ul style="list-style-type: none"> Each State and Territory Government, with support from the Australian Government, should ensure that tenants with mental illness who live in the private housing market have <u>the same ready access to tenancy support services</u> as those in social housing by meeting the unmet demand for these services. 	Needs strengthening
<i>In the long term (over 5 – 10 years)</i>	
<ul style="list-style-type: none"> State and Territory Governments should monitor the impacts of forthcoming reforms to residential tenancy legislation, including <u>no-grounds evictions</u>, and assess the potential impacts for people with mental illness who rent in the private market. 	Needs strengthening
DRAFT RECOMMENDATION 15.2 — SUPPORT PEOPLE TO FIND AND MAINTAIN HOUSING	
Housing and homelessness services should have the capacity to support people with severe mental illness to find and maintain housing in the community.	
<i>In the short term (in the next 2 years)</i>	
<ul style="list-style-type: none"> Each State and Territory Government, with support from the Australian Government, should commit to a nationally consistent formal policy of no exits into homelessness for people with mental illness who are discharged from institutional care, including hospitals and prisons. 	Strongly Supported

<ul style="list-style-type: none"> • Governments should ensure that people with mental illness who exit institutional care (particularly hospitals or prisons) receive a comprehensive mental health discharge plan, and services have the capacity to meet their needs. These programs should integrate care coordination and access to accommodation. 	Strongly Supported
<ul style="list-style-type: none"> • The National Disability Insurance Agency should review its Specialist Disability Accommodation strategy and policies with a view to encouraging development of long-term supported accommodation for National Disability Insurance Scheme recipients with severe and persistent mental illness. 	Supported in principle
<ul style="list-style-type: none"> • Each State and Territory Government, with support from the Australian Government, should work towards meeting the gap in the number of ‘supported housing’ places for those individuals with severe mental illness who are in need of integrated housing and mental health supports. 	Strongly Supported
<ul style="list-style-type: none"> – Governments should provide (either themselves or outsourced to non-government organisations) a combination of long-term housing options for this cohort to support the diverse needs for mental health support and tenancy security 	Strongly Supported
<ul style="list-style-type: none"> • Each State and Territory Government, with support from the Australian Government, should work towards meeting the gap for homelessness services among people with mental illness in their jurisdiction. This could include increasing existing homelessness services as well as scaling up longer-term housing options such as Housing First programs. 	Strongly Supported
<ul style="list-style-type: none"> – Housing First programs should target people who experience severe and complex mental illness, are persistently homeless, and are unlikely to respond to existing homelessness services. 	Strongly Supported
<ul style="list-style-type: none"> – This would require governments to invest in homelessness services that make long-term housing available specifically for these programs. 	Strongly Supported
DRAFT RECOMMENDATION 24.3 — THE NATIONAL HOUSING AND HOMELESSNESS AGREEMENT	
<i>In the medium term (over 2 - 5 years)</i>	
<p>As part of the next negotiation of the National Housing and Homelessness Agreement, the Council of Australian Governments should increase the quantum of Australian Government funding for State and Territory Government-provided housing and homelessness services. State and Territory Governments should use this additional funding to expand their provision of housing and homelessness services for people with mental illness.</p>	Needs strengthening

OUR MEMBER ORGANISATIONS



We acknowledge the Traditional Owners and custodians of country throughout Australia and their continuing connection to land, sea and community. We pay our respects to them and their cultures and to their Elders past, present and emerging.

References

- ⁱ NT Shelter, sub. 333 to *Productivity Commission Inquiry into Mental health*, 2019.
- ⁱⁱ The per capital demand for services in the NT is 390 clients per 10,000 population compared to the national average of 116.2 per 10,000. Those seeking support in the NT unable to be assisted (48.4%). This is twice as high as unmet requests nationally (23%).
- Australian Institute of Health and Welfare (AIHW), *Specialist Homelessness Services Annual Report 2018-19* and Institute of Health and Welfare (AIHW), *Specialist Homelessness Services Annual Report 2016-17 and 2017-18* web reports.
- ⁱⁱⁱ Australian Bureau of Statistics, *Census of Population and Housing: Estimating Homelessness*, 2016.
- ^{iv} (Ibid).
- ^v NTCOSS and NT Shelter, *Cost of Living Report Part 2: Housing*, June 2018.
- ^{vi} Draft Recommendation 5.9: *Housing security for people with mental illness*.
- ^{vii} Recommendation 4 in NT Shelter, sub. 333 to *Productivity Commission Inquiry into Mental health*, 2019.
- ^{viii} NT Shelter, sub. 333 to *Productivity Commission Inquiry into Mental health*, 2019.
- ^{ix} Recommendation 5 in NT Shelter, sub. 333 to *Productivity Commission Inquiry into Mental health*, 2019.
- ^x Recommendation 1 in NT Shelter, sub. 333 to *Productivity Commission Inquiry into Mental health*, 2019.
- ^{xi} Recommendation 5 in NT Shelter, sub. 333 to *Productivity Commission Inquiry into Mental health*, 2019.
- ^{xii} Choice, National Shelter & NATO, *Disrupted: The consumer experience of renting in Australia* (2018).
- ^{xiii} See, for example: The Residential Tenancies Legislation Amendment (Family Violence) Bill 2018, Western Australia (2018); Residential Tenancies Amendment (Circumstances of Domestic Violence) Regulation 2018 (NSW) (the Amendment Regulation), New South Wales, (2018, commenced 28 February 2019), and Residential Tenancies Amendment (Circumstances of Domestic Violence) Regulation 2018 (NSW) (the Amendment Regulation), New South Wales, (2018, commenced 28 February 2019).
- ^{xiv} Northern Territory's Department of Local Government, Housing and Community Development, *A Home for All Territorians: Northern Territory Housing Strategy 2020 – 2025*, December 2019.
- ^{xv} Productivity Commission Report on Government Services 2019, *Australian Government nominal expenditure relating to the National Affordable Housing Agreement (NAHA)*, Table GA.1 and Australian Institute of Health and Welfare, *Specialist Homelessness Services Annual Report 2018-19*.