

Submission to: INQUIRY INTO THE ROLE OF IMPROVING MENTAL HEALTH TO SUPPORT ECONOMIC PARTICIPATION AND ENHANCING PRODUCTIVITY AND ECONOMIC GROWTH

I am employed as an Improved Housing Access Officer with Eastern Health, Murnong Adult Mental Health Continuing Care Teams and employed to work with clients of the service who are homeless, at risk of homeless or living in housing that is unsuitable.

The Improved Housing Access initiative was initially funded for one consultant to provide services for four years and has been extended due to overwhelming need and positive outcomes.

In 5 years I have been working in this program I have been referred and have supported more than **630** clients of the service to improve and/or secure housing.

Housing or shelter is a crucial part of a person's mental health and is well documented, with Abraham Maslow identifying it as basic foundation to a person's ability to pursue a strong sense of self and an ability to participate fully in society. Maslow ranked housing or shelter at the same level as other physiological needs such as food and water, identifying until a person knows that these needs have been met, cannot move on to the next stage of achieving health, well-being and security. This is very evident when working with people, who do not know where they are going to sleep in the short term or are living in unstable and unsatisfactory housing preventing them from thinking of much beyond their need for shelter. Until the need for suitable shelter is met people cannot begin to think of employment, participation in their community or health.

People without housing have increased presentations to emergency departments, increased admissions to Inpatient Psychiatric units and an over representation within the criminal justice system at significant financial cost to the state. This has been well identified and documented within records of our client group when they have become housed as opposed to when they were without housing. When clients have been without housing or in insecure housing, admissions and presentations to ED have increased and when housed, have dramatically decreased. I have also experienced numerous incidences of people threatening suicide if they cannot get suitable housing.

My role requires considerable resourcefulness due to the extreme lack of housing options to our client group and the growing complexity of our client group. The majority of outcomes for our client group are rooming houses and SRS, limited outcomes in private rental, less in social housing and very rarely is public housing an outcome despite the overwhelming percentage qualifying for priority housing. To explain the various options

- **Public Housing:** The majority of clients of mental health services are single and there are very few single bedroom houses in the public or social housing pool for people under the age of 55. Those of our consumers who do go to an Opening Door (homeless entry point) service are given a rooming house list and asked to source accommodation themselves and are generally not given a service to apply for public housing. If a client is on top priority Homeless with Support, their average wait time is well in excess of 10 years and on Supported Housing, in excess of 15 years with most people not getting an outcome until they are over 55. In addition, many consumers change support services and are transient and consequently get removed from the 'waitlist' due to unreturned questionnaires. In the past 5 years have I have had 4 clients only out of the more than 630, successful in obtaining public housing despite the a large number having priority applications. One of these was over 55, two were urgent transfers and one only was single under 55.
- **Social Housing:** Prior to the Victorian Housing Registry we did have some success in getting clients into social housing as a result of relationships with the Social housing providers and being able to advocate for our clients but, this is no longer possible having less success in this area since the VHR (12 clients being successful in social housing in the first 3 years and just 3 in the past 2 years

- **Private Rental:** Private rental has become unaffordable for most of our single consumers. We work on not more than 55% of their income which places maximum rental at \$270p/w for those on Disability Support Pension and \$170 p/w for those on Newstart. Additionally most landlord requires tenants to have employment which the majority of our client group cannot manage or cannot sustain. However, I have had success in this area for many consumers through relationships with private landlords and working with clients to make strong applications. I have had approximately 77 out of 636 clients succeed in private rental, many of those in a shared situation with up to 3 others. However with the increased cost of energy supply, the affordability is much less than 55% of their income and if they do achieve private rental, find themselves living in relative poverty again, decreasing their ability for social connectedness.
- **Rooming House:** Many of the private rooming houses are expensive (up to \$265 p/w) are crowded and often unsafe causing anxiety and not supportive of mental health recovery. There have been more than 90 clients go to a rooming house and many of those move from one to another due to safety or being evicted. They rent one room with limited and/or poor facilities often sharing with 10 or more others but, without this option, many more would remain homeless. Vacancies in rooming houses are also becoming increasingly hard to get due to the increased amount of people looking for options and operators being able to be more selective.
- **SRS (supported residential service):** While most SRS' provide a good service to our client group, it remains not ideal, not allowing clients to use independent skills where possible and being very crowded with limited privacy. SRS accommodation has also become increasingly unaffordable, the average now being \$900 p/f leaving clients \$70 or less p/w for personal spending, clothes, gifts and participating in their community.
- **Family:** Many of our client's families feel pressured to provide accommodation to their adult children with mental health issues in the knowledge there are not suitable alternatives. This often causes conflict within the family and can destroy one of the few supportive relationships of the client.

There are many incidences of clients losing accommodation or not being able to secure accommodation due to their mental illness. Many of our clients experience paranoia making it very difficult to sustain accommodation often leaving due to a perceived fear of being unsafe from others, some have been known to be evicted due to disconnecting lights, appliances and smoke detectors due to the belief they are monitoring devices, some clients can become hostile believing they need to defend themselves from others which also leads to eviction. Many lose accommodation after a relapse in their illness particularly when living with others which is often the case.

Since deinstitutionalisation in the 80s those who have been previously cared for have been left to fend for themselves in regard to accommodation often being left homeless or in unsatisfactory accommodation. There has been very little investment into accommodation for those with mental illness and it is at crisis point and costing government significant funding in other services.

There needs to be urgent investment into various housing models for the increasing population of those suffering mental ill health, from single apartments to congregate living models similar to Community Care Units with less intensive support, where people can feel safe and accepted, reducing cost of hospital admissions, less presentations to emergency departments and homeless services, less demand on all emergency services and where they are able to participate in their recovery and move onto the next stage of a strong self where they are able to participate in employment, increase social participation and to improving participation in community and contributing to productivity.

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