Housing and homelessness

Housing

The Australian Government has made a substantial commitment to help the states and territories to supply appropriate, affordable and secure social housing by providing around $4.75 billion under the five year Commonwealth-State Housing Agreement (CSHA). While strategic directions for housing assistance are subject to Australian Government agreement, the management and delivery of public and community housing and crisis accommodation are the responsibility of individual state and territory governments.

Recent studies indicate that a person's home is more than simply a dwelling. A 'home' is a reflection of the people who live there and engenders a psychological interaction that can impact on a person's mental health. The close relationship between a person's home and their perceptions of security, social connection and privacy can also significantly impact on their mental health.

Evaluations of consumer preferences for housing demonstrate that most adults with a mental illness prefer to live independently rather than in a group home (Owen, Rutherford et al. 1996). There is also evidence that severe mental disorders, such as psychotic illnesses, are a risk factor for, rather than a consequence of homelessness (Herrman and Neil 1996) and that effective treatment for people with psychosis early in their illness can prevent homelessness.

The current CSHA (2003-2008) includes a new guiding principle to ensure that housing assistance is linked with a broad range of support services for people with special and complex needs (primarily people with a disability and older people). A number of new initiatives address this principle. For instance, NSW will expand the Joint Guarantee of Service for People with a Mental Illness between the Department of Housing and NSW Health, and use this as a model to develop other, similar arrangements for special needs groups. In addition, the Port Jackson Housing Company will be established in inner Sydney to pilot a new approach drawing together housing and support services in response to individuals' circumstances. This will help people living with mental illness, the long-term homeless and young people at risk to live independently in non-government managed social housing.

The Department of Family and Community Services (FaCS) also manages the Australian Government's Rent Assistance (RA) Program. RA has a significant impact on increasing housing affordability for income support recipients and low-income families participating in the private rental market. This provides recipients with a greater degree of choice and flexibility in their choice of dwelling and location. Australian Government expenditure on rent assistance for 2004–05 is expected to be $2.05 billion.

Homeless people

The incidence of mental illness among the homeless population is high. It has been estimated that around 75 per cent of homeless people in Sydney have at least one mental disorder and over 50 per cent of young people accessing housing and homelessness agencies have one or more mental health problems (National Youth Coalition for Housing 1999).

Policies of deinstitutionalisation and non-institutionalisation are significant drivers of homelessness for people living with a mental illness. This is a consequence of poor recognition of the totality of functions that institutions fulfilled, such as the provision of housing, and the resulting failure to fully cost and transfer all of these functions to community programs. When combined with the sheer scale of the process and the concurrent decline in the availability of low cost public and private rental accommodation, the prevalence of people with a mental illness at risk of, or experiencing homelessness, is not surprising (Green 2003).

While for some people, the impact of their mental illness may be minimal, for others it can be serious and highly disabling and may heighten their risk of homelessness (Reynolds, Inglis et al. 2001) Mental illness can reduce a person's capacity for independent living; weaken family and social supports; increase the risk of relationship issues; impact on a person's ability to find and keep a job; and often fluctuates between periods of wellness and illness. As such, people with a mental illness may experience difficulties in accessing housing; experience disruptions of tenancies (e.g., due to hospital admissions); have fluctuating ability to maintain their tenancies; and be unable to afford stable housing (Reynolds, Inglis et al. 2002).

FaCS provides support for people who are homeless or at risk of homelessness through the Supported Accommodation Assistance Program (SAAP) and Reconnect (the latter is targeted at young people aged between 12 and 18 years – see part 3.6.5 in the main body of the submission for more details).

Supported Accommodation Assistance Program (SAAP)

The Australian Government has provided $833 million over five years to the states and territories to provide crisis accommodation and services for people experiencing homelessness as part of the current SAAP (IV) Agreement (2000-2005). While strategic directions for SAAP are subject to Australian Government agreement, the management and delivery of SAAP services are the responsibility of individual state and territory governments.

In 2003-04, the Australian Government provided over $171 million for SAAP and during this period SAAP provided support to 100,200 clients. Compared with other areas of expressed client needs, assistance with mental health disorders or mental illness has one of the highest levels of unmet need in the provision of SAAP services.

While the SAAP National Data Collection 2003-04 shows that only a small proportion of SAAP clients (about 2-3 per cent) expressed a need for assistance with psychological or psychiatric problems, local and overseas research indicate that the incidence of people living with mental illness and co-morbidity rates are relatively high in the homeless population. For example, a SAAP IV study (Thomson Goodall Associates 2003) on homeless people who require a high level and complexity of service provision found that, during the four-week data collection period, 29 per cent of SAAP clients required intensive and/or ongoing assistance with mental health disorders or mental illness.

The low level of SAAP reporting of need for assistance with mental health disorders or mental illness is possibly due to a combination of SAAP clients seeking to avoid being stigmatised and clients tending to only report their most pressing needs such as assistance with accommodation needs or problematic drug or alcohol use.

The increasing incidence of SAAP clients with high or complex needs presents a major challenge to SAAP policy development and service provision activity. All of the groups mentioned in *Term of Reference f* are likely to require service provision that is necessarily complex and intensive given their combination of homelessness and mental health disorders or mental illness, and particularly since co-morbidity/drug and alcohol dependence affect SAAP clients in all of these groups.   In 1996-97, 18 per cent of all SAAP clients exhibited high and complex needs. The incidence of high needs was greatest amongst young people (Bisset, Campbell et al. 1999).

Two other research studies highlight the prevalence of mental health disorders or mental illness and co-morbidity among homeless people. A 1998 study (Hodder, Teeson et al. 1998) observed that 75 per cent of homeless people in inner city Sydney had at least one mental disorder. The researchers found that the five most common mental disorders were - schizophrenia, alcohol use disorder, drug use disorder, mood disorder and anxiety disorder. A 1993 study (Teesson and Buhrich 1993) indicated that one in four men in refuges had schizophrenia, and 36 per cent met criteria for substance abuse at some time during their lives.

Further, the Australian Government's framework for developing future responses to homelessness, the National Homelessness Strategy (NHS), funded a demonstration project by the Top End Association for Mental Health in 2002-04 entitled *Housing Options Project for People with a Mental Illness*[1]. It was found that: 26 per cent of non-Indigenous inpatients of Darwin's psychiatric ward, and 42 per cent of Indigenous inpatients were homeless; 25 per cent of Indigenous homelessness resulted from overcrowding; and 26 per cent of the Indigenous inpatients surveyed were discharged to a house with 7-20 occupants - 5 of the households had 20 people living in them.[2]

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[1] This project provided support to 26 (non-Indigenous) persons while inpatients and after discharge. The support resulted in reduced levels of homelessness, reduced hospital admissions and better access to, and more use of, existing support services.
[2] The Ways Forward report (Swan and Raphael 1995) identified a need for accommodation for Aboriginal people with mental illness living in communities. The report indicated that Aboriginal people should develop the accommodation in keeping with their culture and values and strongly linked to family support mechanisms.

As a transitional program, SAAP relies on other key programs to deliver essential services to homeless people. For those with high need, effective linkages between SAAP and allied services is essential to successful outcomes. Critical gaps identified in allied service systems which impact upon SAAP service delivery include:

- a crisis service which can respond to people with personality disorder and disordered behaviour, including those under the influence of drugs or alcohol;
- specialist services which can respond to homeless people with dual/multiple problems;
- health and mental health services which are appropriate for homeless people;
- specialist and generic services which can respond to, or accommodate, people with disruptive behaviour; and
- ongoing support for people with high need to enable them to retain accommodation successfully in the community (Bisset, Campbell et al. 1999).

Evaluation of various American intersectorial approaches responding to the needs of homeless people with a mental illness demonstrates that residential stability is an attainable goal when service systems are well integrated, substance abuse treatment is part of a comprehensive treatment approach and there is a range of housing choices with flexible support available (Herrman 1999).

In addition, various homelessness research studies and NHS demonstration projects have highlighted the difficulties people with mental health disorders or mental illness often face in complying with income support (and other) requirements. These projects also demonstrate the importance of outreach and ongoing support to assist people living with mental illness to access or maintain independent housing. Compliance issues and the lack of appropriate outreach and support services are key drivers of homelessness for people with mental health disorders or mental illness, especially the young, the elderly, Indigenous people and people with problematic drug and alcohol use.

SAAP V, the new SAAP agreement currently under negotiation, will be seeking opportunities to maximize linkages between SAAP and mental health agencies.

Reconnect

Reconnect, which was implemented in late 1999, provides early intervention support for young people aged between 12 and 18 years who are homeless or at risk of homelessness, and their families. There are currently 96 Reconnect services in operation, three of which have a specific mental health focus:
- Mental Health Reconnect is auspiced by the Salvation Army and is located in Sutherland, New South Wales. The service is primarily funded to operate as a support service and clearing house of information on mental health problems or mental illness for other Reconnect services in New South Wales. It also undertakes a limited amount of direct client work with young people and their families where mental health problems or mental illness (involving either the young person or another family member) are contributing to the young person being homeless or at risk of homelessness.

- Leaf Reconnect is auspiced by the Samaritans Foundation and operates in the Cessnock and Maitland areas of New South Wales. The service is funded as a generalist Reconnect service; however, it also has a focus on providing support to young people experiencing mental health or drug and alcohol related issues.

- Adelaide Metropolitan Mental Health Reconnect is auspiced by Centacare and services the Adelaide metropolitan area. The service is funded to work directly with young people and their families where mental health problems or mental illness (involving either the young person or another family member) are contributing to the young person being homeless or at risk of homelessness.

Funding for housing and homelessness programs

Name of program	Funding $s (estmates)	Funding period
Commonwealth–State Housing Agreement	$4.75 billion	2003–08
Rent Assistance Program	$2.05 billion	2004–05
	$2.12 billion	2005–06 (estimate)
Supported Accommodation Assistance Program (IV)	$833 million	2000–05
Supported Accommodation Assistance Program (V)	$932 million	2005-06 to 2009-10
Reconnect	$21.409 million	2004-05
	$22.641 million	2005-06

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