

SUPPORTED ACCOMMODATION – AN URGENT NEED

A submission to the Inquiry into the provision of supported accommodation for Victorians with a disability and/or mental illness.

SUMMARY

This submission is made by Barrier Breakers Inc, a mental health advocacy organisation; with support from other Gippsland based organisations, who share responsibility for providing supported accommodation for those who are not provided for by the mental health service in the region.

Barrier Breakers Inc is a Gippsland-wide systemic advocacy association. Its main objective is to campaign for improved mental health care services in the region. A copy of the association's Statement of Purposes is attached to this submission. An incorporated association, the organisation is a tax endorsed charity (DGR) and it is comprised of a broad range of people throughout Gippsland including health professionals, carers, community representatives, consumers and family members. The Association is administered by a nine member Board. Barrier Breakers is headquartered in the Kath Teychenne Centre, 11-13 Breed Street Traralgon

Major points of interest:

- Gippsland has more than a 100 fewer beds for people with a mental illness than the region had in the decade 1966-76 – a 62% reduction in beds and a 40% increase in population (page 4).
- 1434 people with a severe mental illness competing for only 33 acute care beds (page 5).
- There is no central record of accommodation needs for people with a mental illness in the Gippsland region (page 5).
- Less than 50 beds available in the whole region that are specifically reserved for people with a mental illness who require supported accommodation (page 7)
- There is no mental health specific supported accommodation for indigenous peoples in the Gippsland region (page 8).

RECOMMENDATIONS

Recommendations

- (1) Pg-6. That the Committee use its best endeavours to identify the actual number of houses/units that are currently specifically reserved for people with a mental illness in the Gippsland region.

- (2) Pg-8. That the Committee use its best endeavours to identify protocols for determining appropriate follow-up procedures for people who exit the mental health treatment service. Such protocols should include the identification of an appropriate agency with responsibility to:
 - Assess accommodation needs
 - Forward requests for supported accommodation to referral agencies
 - Monitor discharged patient/tenants progress
 - Maintain a central record of all referrals
 - Establish and maintain a central record of supported accommodation houses/units in the Gippsland region
 - Determine an appropriate level of supported accommodation required in the region.

- (3) Pg-9. That given the urgent need for more supported accommodation in Gippsland for people with a mental illness, the Committee recommends to the government that it provides an immediate emergency allocation of funds to address the shortfall.

- (4) Pg-9. That the Committee examines and reports on an appropriate level of funding required providing for a reserve of housing/units that are specifically allocated for supported accommodation for people with a mental illness in the Gippsland region.

SUPPORTED ACCOMMODATION – AN URGENT NEED:

Introduction:

This submission is made by Barrier Breakers Inc, a mental health advocacy organisation; with support from other Gippsland based organisations, who share responsibility for providing supported accommodation for those who are not provided for by the mental health service in the region.

Barrier Breakers Inc is a Gippsland-wide systemic advocacy association. Its main objective is to campaign for improved mental health care services in the region. A copy of the association's Statement of Purposes is attached to this submission. An incorporated association, the organisation is a tax endorsed charity (DGR) and it is comprised of a broad range of people throughout Gippsland including health professionals, carers, community representatives, consumers and family members. The Association is administered by a nine member Board. Barrier Breakers is headquartered in the Kath Teychenne Centre, 11-13 Breed Street Traralgon

It is noted that for the purpose of this inquiry, accommodation provided by mental health treatment services (SEC, PARC and the disability forensic program is excluded. However, Barrier Breakers submits that given the diverse nature of mental illness, it is essential to have a broad understanding of the totality of beds/units in this region for people with a mental illness.

As the Committee's Discussion Paper observes, *“supported accommodation models and services have changed considerable over the years.”* Indeed they have, and the Paper goes on to say that *“with the closure of institutions, new area based disability and mental health services, providing local inpatient, residential and community-based care, were introduced.”* Again, indeed they were, but contrary to any impression that the period post deinstitutionalisation has provided anywhere near the adequate number of beds/accommodation units, Gippsland is experiencing a near crisis situation. Therefore, in an effort to make this point, our submission attempts to examine the totality of accommodation options for people with a mental illness in the Gippsland region.

While the “outreach program” funding arrangements and community-based support agencies may provide a number for determining how many tenants are currently being supported, this in no way reflects the true number of people who need urgent help. Accordingly, the bed numbers referred to in this submission are our best estimates only and need to be considered within the totality of the mental health regime in the region.

Accommodation history:

During the period 1966 to 1976 Gippsland's population was between 165,000 and 178,000 people. At the time, the region was served by a major purpose built Psychiatric Hospital, Hobson's Park in Traralgon.

The hospital, which was first opened in 1964, provided a wide range of accommodation options for people with a mental illness. In this period the hospital provided around 220-230 beds¹. Of these around 45 were for acute admissions, 30 or so were for psycho-geriatric patients, approximately 80 were designated for day patients, and around 50 were designated for long term, chronic patients. Additionally, the hospital had an alcohol detoxification unit of 20-25 beds. Another 12-16 residential beds were provided at community located hostels. Additionally, both the public and private sectors provided around 30 beds throughout the region with the tenants being supported by a limited outreach type program.

In all, around 300 beds were provided for people with mental illnesses or alcoholism in the Gippsland region in that period.

Current accommodation:

By stark contrast, today, after deinstitutionalisation, Latrobe Regional Hospital provides around 87 beds including, 33 acute admission beds, 6 secure extended care beds, 20 psycho-geriatric beds, 2 child and adolescent beds, a PARC unit of 12 beds at Bairnsdale, managed by SNAP Gippsland and a 14 bed community residential care unit (CRCU) at Traralgon. Not-for-profit organisations, SNAP Gippsland, GARSS and MIND provide around 56 beds in their supported accommodation units. Additionally, there is the provision of private sector hostels at Churchill (6 beds) and Moe (14 beds). There is no alcohol detoxification unit.

With a population now (2006 Census) of 238, 903 people, between 50,000 and 60,000 more people than the 1966 – 1976 period, Gippsland has less than 200 beds available for people who suffer mental illness.

Expressed in another way, Gippsland today has more than 100 fewer beds than it had in the '60's and '70's but has 60 thousand more people. This translates to an approximate 62% reduction in beds and a 40% increase in population.

¹ ANECDOTAL INFORMATION WAS PROVIDED FROM AN EX-HOSPITAL STAFF MEMBER.

Given that around 1 in 5 people in the community will need treatment for a mental illness in one form or another, some 20% of the population are in need of attention by mental health services. Research by Barrier Breakers into the incidents of mental illness in all age categories in the Gippsland region shows that it impacts upon around 19% of the population, so the 20% figure is generally reliable for calculation purposes.

By applying the 20% formula, in the 60' and 70's between 33,000 and 35,600 people were suffering some form of mental illness in Gippsland, which required treatment. As mentioned above, the region then had around 300 beds available. That is one bed for every 114 people with a mental illness.

Today, with around 47,800 people requiring treatment, the region can only provide 200 beds. That is one bed for every 239 people. Our research also shows that 4% of Gippslanders suffer from moderate to severe mental illness – that's around 1912 people. Around 3% of the region's population have a severe mental illness – that's around 1434 people. Barrier Breakers submits that it is reasonable to assume that many of these mental illness sufferers in the 3% category (people with a severe mental illness) will need an acute care bed from time to time and that translates to around 1434 people competing for 33 acute care beds at any one time.

Clearly, even with this severe mental illness category, not all will require the same high degree of support when they exit the mental health treatment service, but many will need help in the form of supported accommodation.

Recommendation – That the Committee use its best endeavours to identify the actual number of houses/units that are currently specifically reserved for people with a mental illness in the Gippsland region.

Supported accommodation:

It should also be noted that no single government agency or community organisation can provide definitive information on the actual number and type of accommodation for the mentally ill in the Gippsland region who have exited the mental health treatment services. Nor is there any single repository of information, which tells us how many of the region's mentally ill people require tenancy support.

Therefore, for the purpose of this submission, we have based accommodation numbers on information provided by the region's support agencies. It should also be noted that there can be a vast difference between "nomination rights" for houses/units for supported accommodation and the actual number of tenants being supported by an outreach program.

There is currently a mix of accommodation types in the region for people with a mental illness. These range between Office of Housing homes, private sector and community organisation owned residential units, hostels and flats. There is also a range in the degree of support that is provided and or required, such as the more intense support required in some circumstances involving residential care, to the less involved support required in a consumers transition to normal mainstream housing. This range of supported accommodation is shared as follows:

Community Housing Ltd. Community Housing Ltd was established in 1993 and currently manages Transitional Housing Management services in two regions in Victoria, Gippsland and Eastern Metropolitan Region. CHL is a registered Housing Association in Victoria, designing building and managing affordable housing. In the role as a Transitional Housing service provider CHL works in partnership with numerous and varied SAAP agencies that provide support services to tenants accommodated in Transitional Housing properties. CHL has 396 transitional properties (131 in Gippsland) under management, supported by SAAP agencies, and manages 689 long term properties. Few of these properties are allocated to support agencies specifically for people with a mental illness.

Mind Australia manages a ten bedroom residential unit and a single two bedroom unit in Traralgon.

SNAP Gippsland has nomination rights from the Office of Housing to provide support for 29 of its tenants throughout the region but this is a dwindling stock as no replacement units are made available when mentally ill tenants vacate the premises. Community Housing Ltd has provided a further 3 units, totalling 32 units that SNAP has nomination rights for to house people with a mental illness in the Gippsland region. Of this number, SNAP provides support under the outreach program for around 10 tenants with a mental illness.

GARSS The GARSS Housing program was established in 1990 when GARSS was allocated 4 units for people in recovery of a mental illness. The tenants were supported by GARSS rehabilitation workers to live independently in the community. Since that time GARSS has increased its management of units and now supports 13 tenants. GARSS also provides support for a 6 bed private sector hostel in Churchill and 4 of the units provided by Community Housing Ltd at Warragul. While the actual total of the properties have increased it does not meet the demand of supported housing required for people with a mental illness.

In the case of GARSS, they have had to explore alternative accommodation options and have entered into joint submission and protocols with other Housing organisation to access housing for its consumers. GARSS currently has limited nomination rights with 3 housing agencies – Community Housing Ltd, Active Property and Eastcoast Housing. Unfortunately GARSS has to refer those in need of accommodation to other agencies as the current agreements still does not meet the demand for appropriate housing options.

It is important to recognise that the support for tenants is crucial to their long term tenancy. As an example, GARSS has supported people in units and many have maintained their tenancy for up to 19 years. The ability of GARSS and other support agencies to support tenants reduces homelessness and maintains the wellness of tenants in managing their mental illness.

Similarly, it is also important to recognise that allocation of more housing properties may increase the housing stock but it does not address the needs of people with a mental illness to remain in stable accommodation and live a fully integrated life in the community. Support must be linked to housing so that people in recovery of a mental illness can remain in their homes on a long term basis.

When the nomination rights program commenced, the Office of Housing committed to the replacement of any housing stock that may be sold from time-to-time. Unfortunately, this commitment has not been honoured and there is now a major shortfall of housing units throughout Gippsland. In addition to this shortfall of Office of Housing stock, there is an unmet demand for other tenancy options.

Estimates vary for the total number of supported accommodation beds that are dedicated specifically for people with a mental illness in the Gippsland region. However, on the best available information, we submit that less than 50 such beds can be allocated in this category.

It is a fact that there are additional supported accommodation beds that currently house people with a mental illness in the region, however, as mentioned previously, these house/units are a dwindling stock that are not specifically reserved for people with a mental illness. Consequently, many people with a mental illness are being accommodated in less than appropriate housing in caravans and caravan park units.

Recommendation - That given the urgent need for more supported accommodation in Gippsland for people with a mental illness, the Committee recommends to the government that it provides an immediate emergency allocation of funds to address the shortfall.

Recommendation – That the Committee examines and reports on an appropriate level of funding required providing for a reserve of housing/units that are specifically allocated for supported accommodation for people with a mental illness in the Gippsland region.

Recommendation – That the Committee use its best endeavours to identify protocols for determining appropriate follow-up procedures for people who exit the mental health treatment service. Such protocols should include the identification of an appropriate agency with responsibility to:

- **Assess accommodation needs**
- **Forward requests for supported accommodation to referral agencies**
- **Monitor discharged patient/tenants progress**
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- **Establish and maintain a central record of supported accommodation houses/units in the Gippsland region**
- **Determine an appropriate level of supported accommodation required in the region.**

Indigenous Housing:

Currently, there are no mental health specific services in Gippsland for indigenous people in the following service areas;

- Supported Accommodation,
- Rehabilitation Service, or
- Rehabilitation Activities

The nearest indigenous Mental Health Service is the Koori Unit at St Vincent's Hospital Melbourne. However, a range of non-mental health specific accommodation and service options for aboriginal and Torres Strait Islander are available. They are:

Merindoo Aboriginal Youth Hostel

Bairnsdale – Gippsland East Gippsland Aboriginal Cooperative

Temporary accommodation: Males ages 16-23

8 Bed facility.

Current Status: Full to capacity – 7 on current waiting list

*note: this is not a Mental Health specific service

Jumbarra Men's Hostel

Bairnsdale – Gippsland East Gippsland Aboriginal Cooperative

Sobering Up Centre- Crisis Accommodation (closed in 2007).

Willaneen Koori Women's Hostel

Crisis Accommodation

Up to 4 family capacity (depending on numbers)

No current vacancies

*note: this is not a Mental Health specific service

Social Emotional Wellbeing Workers:

- Lake Tyers/Lakes Entrance x1 EFT
- Bairnsdale x1 EFT
- Sale x.6 EFT – currently vacant
- Morwell x2 EFT (includes Regional Coordinator)
- West/South Gippsland x.6 EFT
- Orbost – Visiting Psychologist

ATTACHMENT

ASSOCIATIONS INCORPORATION ACT 1981
SECTION 5(b)
STATEMENT OF PURPOSES AND RULES OF ASSOCIATION
Barrier Breakers Inc

Name:

THE NAME OF THE PROPOSED INCORPORATED ASSOCIATION IS BARRIER BREAKERS INC.

Preamble:

BARRIER BREAKERS INC BELIEVES THAT THE DELIVERY OF APPROPRIATE SERVICES TO THE MENTALLY ILL IN THE GIPPSLAND REGION IS INADEQUATE, AND DISADVANTAGES THOSE PEOPLE MOST IN NEED OF TREATMENT, CARE AND SUPPORT. BARRIER BREAKERS INC IS DETERMINED TO FACILITATE AN IMPROVEMENT IN THE SERVICES PROVIDED TO THOSE SUFFERING FROM MENTAL ILLNESS IN THE GIPPSLAND REGION.

STATEMENT OF PURPOSES AND OBJECTS:

1. To establish and maintain an information network and data base on issues that relate to the mental health care of citizens in Gippsland and the level and type of care appropriate to the needs of those people with mental illness or emotional problems.
2. To consult widely with people who use mental health services in Gippsland and their families on their particular needs.
3. To protect the dignity of those people with a mental illness and to promote and to protect their human and civil rights.
4. To improve the quality of life of those affected by mental illness in the Gippsland region.
5. To address the needs of those with a mental illness, including the provision of adequate treatment regimes, necessary residential care and suitable support systems including educational, employment and any other developmental opportunities.
6. To achieve best quality outcomes in the provision of mental health services to people in the Gippsland region.
7. To establish appropriate bench-marks for determining the adequacy of the budgetary provision for mental health care and the delivery of services, but only in so far as such action is incidental to Barrier Breakers Inc charitable purposes or to its provision of direct benevolent relief in accordance with its purposes.
8. To advocate for improved services for people with a mental illness, but only in so far as such advocacy is incidental to Barrier Breakers Inc charitable purposes or to its provision of direct benevolent relief in accordance with its purposes.
9. To enter into on-going dialogue with politicians, Health Ministers, Advisers and all other relevant decision-makers and familiarise them with the plight and needs of people

with a mental illness, but only in so far as such actions are incidental to Barrier Breakers Inc charitable purposes or to its provision of direct benevolent relief in accordance with its purposes.

10. To work, liaise and cooperate with governments and their agencies, but only in so far as such actions are incidental to Barrier Breakers Inc charitable purposes or to its provision of direct benevolent relief in accordance with its purposes.
11. To establish and maintain a close working relationship with the Victorian Mental Illness Awareness Council, other Associations/Groups and individuals, who share similar concerns to improve the delivery and quality of mental health care.
12. Solely for the purpose of carrying out the aforesaid objects and purposes and not otherwise:
 - (a) to subscribe to, become a member of and co-operate with or amalgamate with any other association or organisation, whether incorporated or not, whose objects are similar to those of Barrier Breakers Inc provided that Barrier Breakers Inc shall not support with its funds or amalgamate with any association or organisation which is not a health promotion charity, public benevolent institution or similar category of organisation and approved by the Commissioner of Taxation as a deductible gift recipient for the purpose of any Commonwealth Taxation Act;
 - (b) to hold or arrange competitions, and provide or contribute towards the provision of prizes, awards and distinctions in connection therewith, provided that no member of Barrier Breakers Inc shall receive any prize, award or distinction of monetary value except as a successful competitor at any competition held or promoted by Barrier Breakers Inc;
 - (c) to purchase, take on lease or in exchange, hire and otherwise acquire any lands, buildings, easements or property, real and personal, and any rights or privileges which may be required for the purposes of, or capable of being conveniently used in connection with, any of the objects of Barrier Breakers Inc, provided that in case Barrier Breakers Inc shall take or hold any property which may be subject to any trusts, Barrier Breakers Inc shall only deal with the same in such manner as is allowed by law having regard to such trusts;
 - (d) to enter into any arrangement with any Government or authority, supreme municipal, local or otherwise, that may seem conducive to Barrier Breakers Inc objects or any of them and to obtain from any such Government or authority any rights, privileges and concessions which Barrier Breakers Inc may think it desirable to obtain, and to carry out exercise and comply with any such arrangements, rights, privileges and concessions;
 - (e) to appoint, employ remove or suspend such managers, clerks, secretaries, servants, workmen and other persons as may be necessary or convenient for the purposes of Barrier Breakers Inc;
 - (f) to establish and support or aid in the establishment and support of associations, institutions, funds, trusts and convenience calculated to benefit employees or

past employees of Barrier Breakers Inc or the dependants or connections of any such persons; and to grant pensions and allowances; and to make payments toward insurance;

- (g) to engage in such other activities, of a like nature as may for the time being be permitted by law and determined by Barrier Breakers Inc;
 - (h) to invest or deal with money of Barrier Breakers Inc not immediately required in such a manner as the Committee thinks fit provided that any law regulating the investment of any funds held on trust shall be adhered to;
 - (i) to borrow or raise or secure the payment of money in such manner as Barrier Breakers Inc may think fit and secure the same or the repayment or performance of any debt, liability, contract, guarantee or other engagement incurred or to be entered into by Barrier Breakers Inc in any way and in particular by the issue of debentures perpetual or otherwise charges upon all or any of Barrier Breakers Inc's property (both present and future), and to purchase, redeem or pay off such securities;
 - (j) to sell, improve, manage, develop, exchange, lease, dispose of, turn to account or otherwise deal with all or any part of the property and rights of Barrier Breakers Inc;
 - (k) to take or hold mortgages, liens and charges to secure payment of the purchase price or any unpaid balance of the purchase price, of any part of Barrier Breakers Inc's property of whatsoever kind sold by Barrier Breakers Inc or any money due to Barrier Breakers Inc from purchase and others;
 - (l) to take any gift of property whether subject to any special trust or not for any one or more of the objects of Barrier Breakers Inc but subject always to the proviso in paragraph (c) of this clause;
 - (m) to print and publish any newspapers, periodicals, books or leaflets that Barrier Breakers Inc may think desirable for the promotion of its objects;
 - (n) to purchase or otherwise acquire and undertake all or any part of the property assets, liabilities and engagements of any one or more of the companies, institutions, societies or associations with which Barrier Breakers Inc is authorised to amalgamate;
 - (o) to transfer all or any part of the property, assets, liabilities and engagements of Barrier Breakers Inc to any one or more of the other associations or organisations with which Barrier Breakers Inc is authorised to amalgamate and has amalgamated; and
 - (p) to make donations to health promotion charities, public benevolent institutions or similar organisations that are approved by the Commissioner of Taxation as deductible gift recipients for the purpose of any Commonwealth Taxation Act.
13. The property, assets, and funds of Barrier Breakers Inc, whencesoever derived, shall be applied solely towards the promotion of the objects of Barrier Breakers Inc as set forth in this Statement of Purposes and Objects, and no portion thereof shall be paid or

transferred, directly or indirectly by way of dividend, bonus or otherwise, to the members of Barrier Breakers Inc provided that nothing herein contained shall prevent:

- (a) the payment in good faith of remuneration to any officers or servants of Barrier Breakers Inc or to any member of Barrier Breakers Inc in return for any services actually rendered to Barrier Breakers Inc and for goods supplied in the ordinary and usual way of business;
- (b) the payment in good faith of remuneration to any member of the Committee of Barrier Breakers Inc or any office-holder of Barrier Breakers Inc; or
- (c) the repayment in good faith to any member of the Committee of Barrier Breakers Inc or any office-holder of Barrier Breakers Inc for out-of-pocket expenses, which may be paid in money or money's worth.

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