

2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name

South Port Community Housing Group

Name

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What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

N/A

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

N/A

What is already working well and what can be done better to prevent suicide?

N/A

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"South Port Community Housing Group welcomes the opportunity to provide a submission to the Royal Commission into Mental Health. We congratulate the Victorian Government for bringing about its establishment. Living with mental illness and a psychosocial disability is a key driver of homelessness and poverty in Australia. Equally, lack of access to safe, secure and affordable housing can be directly linked to the rise in mental illness rates. In offering our housing exclusively to single people coming from situations of homelessness, our organisation deals everyday with people experiencing, or recovering from, mental illness. We see the emotional, psychological and financial impact on individuals, families and the local community. We estimate the significant majority of our tenants experience some form of mental illness or have been severely affected in the past. For over 35 years, South Port Community Housing Group have provided long term, safe and secure housing to people in the lowest income groups. We house 285 tenants in the South Melbourne and Port Melbourne area. Priority allocation of housing is given to people from the local area to help retain important networks of supports and connections to the community. In 2016, the organisation supported 84 young people who were homeless or facing homelessness. We have created 71 new units of accommodation locally since 2011. Homelessness increased in Victoria by over 21 per cent between 2006 and 2011. Between 2011 and 2016, it increased a further 13 per cent]. In 2017-18, at least 30 per cent of those aged ten and over who sought help from a specialist homelessness service in Australia reported a diagnosed mental health issue. This incidence is far higher than the 18.2 per cent of Australians who have a mental health condition. Research has also demonstrated that housing insecurity both causes and prolongs mental ill health, with a major Victorian study finding that just 15 per cent of people accessing specialist homelessness services had mental health issues prior to experiencing homelessness, while another 16 per cent only developed mental ill-health after their experience of homelessness commenced. The failure to properly respond to homelessness is exacerbating the demand pressures faced by Australia's mental health system, leading to worse outcomes for

consumers, and decreasing the efficiency of the resources used for mental healthcare. One of the systemic issues we observe is the fragmentation of support available to people at risk of or experiencing mental illness. This has been particularly so after the mental health system was deinstitutionalised in the 1990s with the expectation that patients would be accommodated in social housing with adequate supports attached. While we recognise the criticality of housing to helping people address and manage mental illness, we often see support services withdraw after a person is housed. This is true for both the community and public housing systems. We have welcomed the significant reform and investment through the National Disability Insurance Scheme and observed, in a small amount of cases, the transformative impact that access to a funding package can bring to helping someone treat and manage with their illness. Most people who have severe mental illnesses and resultant difficulty sustaining housing do not require their housing and mental health treatment to be co-located. Adequate mental healthcare, and access to adequate, stable and affordable housing in the community will work well for most people with severe mental illness. Indeed, scatter-site distribution of permanent housing for people experiencing severe mental illnesses is at the core of the highly successful Housing First model. Permanent single-site housing with on-site services is only necessary for a very small number of people with severe mental illness with significant complexity. One study found that many residents of one such Victorian facility were happy with their current living situation particularly in contrast to alternative housing options that would be available to them. For those living with severe mental illness, adequate, stable and affordable housing should be a priority for Governments where tenants can access support services within the community. Despite recognition of the lack of affordable housing, the Victorian Government has failed to increase the amount of social housing stock in the past four years. In fact, the total number of social housing units has declined by 200 in this time. The stigma associated with mental illness often prevents people from accessing effective treatment. The Victorian community can help to reduce stigma and discrimination through greater promotion of examples of people that live with or experienced mental illness. This could include further examples of figures in the public eye, who are willing to share their stories to help normalise the issue. In closing, we are grateful to be able to present the experience of two South Port Community Housing Group tenants. ██████ has been a tenant with South Port Community Housing Group for 18 months. ██████ is bright, outgoing and articulate. Her illness is bipolar disorder, which manifest in bouts of erratic and damaging behaviour. In 2019, she was able to negotiate a support package from the National Disability Insurance Scheme which has enabled a funding package to engage a cleaner and personal fitness trainer. Her personal trainer arrives three times a week. The routine and structure has helped ██████ to manage her illness. A professional cleaning service provides a greater sense of dignity and pride in her living environment. ██████ is a tenant of 15 years. Witness to a horrific traumatic incident in his past, ██████ smokes constantly, is unable to clean or meet his daily. He is withdrawn and anti-social. His personal hygiene standards are dismal. Ashtrays are not emptied; kitchen and bathroom are never cleaned; sheets are never washed. Without access to support, ██████ remains in his room disengaged. Not able to access NDIS or other psychosocial disability support he remains locked in this pattern of isolation. With the help of housing workers, his room is able to be cleaned occasionally and family informed of his condition. However, the situation soon deteriorates to conditions of squalor and low function. The contrast in both cases show the transformative impact of access to the right kind of support at the right time. It is a stark illustration of the effect of how different capacities to access complex systems lead to extreme differences in quality of life. Anecdotal evidence tells us as a housing service that the poor have little access to mental health services except when taken to psych services by police in a crisis. People with mental health often also have drug and alcohol problems which rules them out from being eligible for seeing

professionals in many psych services. Outreach services have waiting lists which make access unviable for most low income people at the time of need. "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

N/A

What are the needs of family members and carers and what can be done better to support them?

N/A

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

N/A

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

N/A

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

N/A

Is there anything else you would like to share with the Royal Commission?

N/A