



SUBMISSION TO THE PRODUCTIVITY COMMISSION INVESTIGATION INTO THE SOCIAL AND ECONOMIC BENEFITS OF IMPROVING MENTAL HEALTH

5 April 2019

NT Shelter welcomes the opportunity to make a submission to the Productivity Commission's inquiry into *The Social and Economic Benefits of Improving Mental Health*.

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. 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.

We welcome the opportunity to provide our perspectives in that context. As a member-based organisation, our response to the issues paper 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.

Our submission highlights unique challenges and complexities facing people across the Northern Territory by incorporating a range of perspectives of NT Shelter members. We put forward recommendations we believe will be effective in this environment and contribute to increased participation in the economy for people experiencing mental ill-health in the Northern Territory.

The Northern Territory is far from where it needs to be in terms of ensuring adequate housing/accommodation supports are available and accessible to people experiencing mental health challenges. Stable and secure housing is a critical aspect of mental health and well-being and underpins employment and participation in the economy. The provision and maintenance of safe, affordable and appropriate housing is vital in providing a foundation for efforts to respond to the mental health needs of all Australians.

Housing and Homelessness – Northern Territory Context

The NT has a significant and disproportionate level of homelessness at twelve times the national average. Aboriginal persons represent one third of the Territory's population but are significantly overrepresented as 88.5% of all homeless persons.¹ 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 Darwin².

¹ Australian Bureau of Statistics, 2016 Census of Population and Housing: Estimating Homelessness, 2016

² Ibid

The rate of demand for homelessness services in the NT is three times that of other states and territories and the level of unmet demand is twice as high.³ The demand for specialist homelessness services (SHS) in the NT increased 13% on the prior year, far above the rate of increase seen in other states.⁴

Across Australia, SHS providers assist tenants to maintain a tenancy in nine cases out of ten when there is timely intervention by service providers⁵. Unfortunately, due to the very high level of unmet demand for homelessness services in the NT relative to other jurisdictions, considerably fewer services are available for tenancy support (eg domestic violence or financial counselling). This means that there are too many instances of tenants unable to sustain tenancies due to a lack of available support.

In the private housing market, the NT remains one of the least affordable jurisdictions in the country in which to rent a property – a consequence of historically high rents and population movement.⁶ The regional and remote townships of the Northern Territory have historically low supply and high demand markets. 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.

The Northern Territory has an underdeveloped community housing sector and an over prescribed public housing market leading to long waitlists to access affordable housing options, transitional and long term. For those eligible for public housing, the waitlist is 6-8 years for a number of locations across the Territory.⁷

The provision of safe, appropriate and affordable housing remains elusive for many Territorians. With a shortfall of housing to meet demand right across the housing continuum, including emergency, transitional, supported and longer term housing infrastructure, people on low incomes, poor physical health and poor mental health are frequently excluded from the housing market. The failure of the market to supply sufficient social and affordable housing, and insufficient government intervention to address the supply shortfall, means that the housing needs of many of Australia’s most vulnerable people are not being met. It is no surprise therefore that homelessness across Australia is on the rise, exacerbating adverse impacts on mental health.

Additionally, chronic housing shortfalls place additional pressures on already overstretched housing and health services and a significantly underfunded specialist homelessness services sector, particularly in the NT.

Mental health and Housing

Over 4 million Australians have reported having experienced a mental illness. The latest Australian Institute of Health and Welfare data on Mental health services in Australia shows that the rate of clients with a mental health issue was 7 times as high for Aboriginal and Torres Strait Islander people

³ Australian Institute of Health and Welfare (AIHW), Specialist Homelessness Services Annual Report 2016-17. Those seeking support in the NT unable to be assisted (45.3%). This is twice as high as unmet requests nationally (23%).

⁴ Australian Institute of Health and Welfare (AIHW), Specialist Homelessness Services Annual Report 2016-17.

⁵ AIHW op cit.

⁶ NTCOSS and NT Shelter, Cost of Living Report Part 2: Housing, June 2018

⁷ https://dlghcd.nt.gov.au/__data/assets/pdf_file/0011/589763/dhcd-annual-report-2017-18.pdf

than other Australians⁸. Recent reports highlight the gaps in mental health support/treatment services available to Territorians.

For those who are successful in securing housing, many still experience significant financial, family, health, education and employment challenges. This makes sustaining a tenancy and avoiding the risk of eviction difficult.

For those experiencing mental health challenges, the barriers to secure long-term accommodation are multiple and compounding. People with mental health issues are particularly vulnerable to homelessness and people experiencing homelessness or at risk of homelessness are more likely to experience mental ill health and develop serious mental illness. A person's "mental resources are often the most easily damaged part of life that are exhausted in difficult circumstances."⁹

Across Australia, around one third of clients seeking support from Specialist Homelessness Services in 2017-18 were experiencing a current mental health issue (an increase of 4% from the previous year). 52% of these clients were housed and at risk of homelessness. Over half were complex needs clients with additional vulnerabilities such as domestic and family violence and substance misuse.¹⁰

We know that when people suffering mental illness are housed and supported, their recovery improves. However, with 4,200 applicants currently on the waitlist for urban public housing in the NT, 1,2877 of which are priority applicants (often homeless and with multiple, complex needs)¹¹ vulnerable people are not getting housed. Approximately seven in ten are seeking access to long term housing but in the NT, with its severe housing shortages, only 9% of clients are able to access long-term housing¹². The number of people entering transitional housing/supported accommodation is even less. Those who are fortunate in securing the limited transitional accommodation available can get 'stuck' there for lack of longer-term social and affordable housing stock.

While NT specific research in this area is somewhat limited, experience from front line 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 (e.g. managing their medication, looking after a house, sorting out issues with neighbours, overcoming fears and anxieties, overcoming addictive behaviours, finding and maintaining a job etc.). Without supported, affordable, secure accommodation, people's mental health is being compromised, placing further responsibility 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 economic and social development of the NT.

Investment in these areas is critically important in preventing increased disadvantage across the community, including higher levels of domestic and family violence, ineffective measures to improve early childhood development, increased homelessness and vulnerability, increased community dysfunction and decreased wellbeing generally.

⁸ <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/specialist-homelessness-services>

⁹ https://www.theguardian.com/australia-news/2019/mar/20/life-on-the-breadline-poverty-is-not-a-lack-of-character-its-a-lack-of-money?CMP=Share_iOSApp_Other

¹⁰ <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/client-groups-of-interest/clients-with-a-current-mental-health-issue>

¹¹ <https://nt.gov.au/property/public-housing/apply-for-housing/apply-for-public-housing/waiting-list>

¹² AIHW, op cit.

Of critical importance in designing financing and implementing any recommendations from the Australian Government Productivity Commissions investigation into the social and economic benefits of improving mental health is that the “Closing the Gap” principles are applied.

As stated earlier, Aboriginal people make up the vast majority of those experiencing homelessness in the Northern Territory. It is imperative that new policy initiatives and investment in mental health and housing programs, services and infrastructure are undertaken following extensive consultation with Aboriginal people and organisations, and in a manner consistent with “Closing the Gap” principles.

Overview of Recommendations

A substantially increased supply of housing “across the board” coupled with appropriately funded program and case management supports to meet client service demand is instrumental for improved mental health outcomes. Given the important linkages between housing and mental health, NT Shelter provides the following 7 recommendations for program development, infrastructure and other important initiatives. For ease of reference, these are summarised below and further expanded on in the attachment to our submission, incorporating various stakeholder perspectives and case studies.

RECOMMENDATION 1: Support programs must be client focused, responses must be based on individual circumstances, timely and supportive.

RECOMMENDATION 2: A variety of accommodation options must be developed and financed based on community need.

RECOMMENDATION 3: Client focused support programs must cover all tenancies; public housing, community housing and private.

RECOMMENDATION 4: Programs and responses must be culturally appropriate, involve community consultation and community led design.

RECOMMENDATION 5: Extension of Tenancy Support Programs specifically tailored to people experiencing mental illness to prevent and respond to homelessness and accommodation instability.

RECOMMENDATION 6: Residential Tenancies Acts (RTA) must offer protection to vulnerable tenants. High risk groups such as people suffering a mental illness must have the support of the RTA in each State or Territory to sustain their tenancy.

RECOMMENDATION 7: Integration and collaborative partnerships must be developed, funded and supported.

We thank you for the opportunity to provide our feedback and would be pleased to further discuss any of the matters raised should that be of assistance.

Yours faithfully



Peter McMillan
Executive Officer

Recommended Responses – Improving outcomes in the housing and mental health cycle

Recommendation 1: Support programs must be client focused, responses must be based on individual circumstances, timely and supportive.

People experiencing mental ill health come from all walks of life, all ethnicities, all family demographics, religion and sexual identity. These people may hold mortgages, rent in the private sector, have a public housing or community housing tenure and increasingly be homeless. Any program designed to help them avoid homelessness must be flexible enough to be responsive to each person's needs. A "one size fits all" approach will not fill the needs of the community nor will it be economically efficient. Time limited programs may suit one cohort however others require longer support. Often those who cycle through the homeless services do so because they have complex needs and no one service is sufficient to achieve lasting outcomes. Withdrawing service after 3 months for someone with complex mental health needs will inevitably see them become repeat users of the service. If a longer, tailored service model is adopted the longer-term costs could be reduced and a lasting outcome achieved. Short term programs are often intensive and expensive by nature compared to longer term programs that tailor the support to the client's needs.

Repeatedly entering the service system is costly in terms of services accessed but also in incurring debt, loss of tenancies, bonds, family breakdown and lease breaking. Support programs focusing on the individual's needs provide support services with better scope to achieve lasting outcomes for the community.

Recommendation 2: A variety of accommodation options must be developed and financed based on community need.

In the Northern Territory supportive accommodation options are very limited and, in some cases, non-existent. This is especially the case outside of Darwin and Alice Springs.

There are a number of particular facets to this:

- (1) Respite: In more remote areas where accommodation options are limited, respite type services for family or the person experiencing mental illness are essential.
- (2) Supported Accommodation: many people experiencing mental health issues are capable of managing aspects of their life but may require the structure and rules of communal style supported accommodation.
- (3) Independent Accommodation with limited supports: Mental health issues can be episodic but residents may have high levels of independence.

From the Front Line

"Most of the time people can't focus on their recovery without a roof on their head. Once they have this, they can start planning what's next. It's the feeling of just being safe. They can lock the door. They don't have to sleep with their eyes open. "

"Participants would rather sell everything and anything and have nothing in the home and not eat for a week to keep a roof over their heads and not lose their little castle."

"Makes them feel good, self-pride and confidence, invite people over. Helps with mental health. Opportunity to take control of own lives. Instead of someone else, or the environment having control."

"IMPACT of stable accommodation: more self-pride, confidence, at least their being asked what they want."

MHACA housing support team

Recommendation 3: Client focused support programs must cover all tenancies; public housing, community housing and private.

The current trial in Darwin of the Northern Territory Housing Accommodation Support Initiative (NT HASI) is focused on sustaining public housing tenancies. Such programs need to be extended to other forms of tenancy. Maintaining a private market tenancy is more cost effective than having the tenant default on their tenancy, face eviction, leave a debt and access homeless support services or take up a public housing tenancy.

Recommendation 4: Programs and responses must be culturally appropriate, involve community consultation and community led design.

Policy and programs are now developed to support those from culturally and linguistically diverse backgrounds. This often involves the use of interpreters and respecting cultural norms. In the Northern Territory with more than 100 indigenous languages and dialects and many more cultural traditions, a deeper understanding of a community or society is needed. In order to achieve meaningful outcomes, programs and responses must be informed through effective consultation and co-design with communities through Local Decision Making (LDM) processes.

Recommendation 5: Extension of Tenancy Support Programs specifically tailored to people experiencing mental illness to prevent and respond to homelessness and accommodation instability

Tenancy support programs that are specifically targeted and designed for people experiencing mental ill-health provide a vital bridge between homelessness and stable housing

Importantly, these programs build trust, confidence and hope. Through the provision of personalised 'management plans', clients are supported to develop their independent living and 'home-making' skills which in turn boost a person's ability to connect with social networks and community.

It is not enough to provide housing alone. Front line service organisations report that while housing is vital, many newly housed tenants with significant mental health support needs have not had a positive and sustainable tenancy experience where they do not receive support visits.

The Northern Territory Housing Accommodation Support Initiative (NT HASI) is the Northern Territory Government's flagship program for people with mental illness living in public housing. The program has been designed to "provide wrap-around care enabling effective and coordinated care and support

people to recover from mental illness, with the aim to support their tenancy and avoid becoming homeless". NT HASI has established a link between public housing, psychosocial support services, clinical mental health services and Government. NT HASI currently operates in Darwin, Casuarina or Palmerston.

Case Study

A 56-year-old woman who suffers with severe paranoia and a diagnosis of schizophrenia has been a client of TEMHS for several years. HASI was introduced to the client to offer support as she has no family in Darwin or the NT. She had been refusing to leave her home and to open her door. TEMHS regularly had to attend the home with DHCD and the Police to gain access; so, they could give the woman her monthly medication.

Through her engagement with HASI she has slowly developed a trusting relationship with her support worker and now leaves the home (with the support worker) to go grocery shopping and attend TEMHS for her medication.

This woman had not participated in a DHCD inspection for a long time, as she refused to open her door to DHCD case managers and she rarely left her home to collect mail from her letterbox, missing critical letters from DHCD and from Centrelink/Human Services. She now checks her mailbox on a weekly basis in line with when her HASI support worker attends her home. She has now passed a housing inspection and through HASI support has been able to address a few home maintenance issues that had long been neglected.

Through her participation in HASI her other health issues have also improved; as she now attends check-ups for Diabetes and is eating an improved variety of food as she regularly shops also with the HASI support worker.

It is evident that action is required to support people in times of crisis. It is at this time that the issues affecting tenancies are relatively minor. It is cost effective and efficient if measures are put into place to support tenancies early. This requires effective coordination of relevant stakeholders and immediate action.

In Central Australia, the "My Place" program, funded by the Northern Territory Government, provides subsidised private rent primarily targeting people who have mental illness and women and their children experiencing domestic and family violence. The program also provides "liaison supports" to assist individuals and families by facilitating access to private rental housing that meets their needs.

NT Shelter stakeholders report a lag in the National Disability Insurance Scheme process of referral, assessment and plan implementation. Successful NDIS applicants are experiencing a considerable period of time lapsing between needing support and receiving support. This results in situations where evictions are imminent, often resulting in homelessness. In cases where the tenancy can be "saved", the tenant may well have incurred a substantial debt that will result in further hardship and prolong the person's ability to overcome their mental illness.

Recommendation 6: Residential Tenancies Acts (RTAs) must offer protection to vulnerable tenants. High risk groups such as people suffering a mental illness must have the support of the RTA in each State or Territory to sustain their tenancy.

The Northern Territory's Residential Tenancies Act is under review. It is deeply flawed and offers little protection to tenants. No-cause evictions are a tool that has been used to remove people from tenancies. This creates a substantial imbalance of power and a fear in tenants that prevents them from making complaints, requesting repairs and notifying landlords of hardship.

The RTA must support those with mental health issues to sustain their tenancies much in the way that the RTA's of other states and territories work to support victims of domestic and family violence. If we are to support people suffering mental illness to maintain their tenancies such protections are needed to ensure an eviction doesn't occur prior to the tenant having the opportunity to develop a satisfactory mental health plan. The relevant Civil and Administrative Tribunal (CAT) must have the power to adjudicate on tenancies where mental illness is a determining factor.

Significant numbers of people with mental health issues reside in "supported long term accommodation". This form of accommodation is often not covered by residential tenancies legislation. Civil and administrative appeals tribunals generally do not have jurisdiction over such accommodation. This is being assessed and reviewed by several states but changes must be adopted nationally and consistently. There is no justifiable reason that people with mental health issues have less rights than others simply because their landlord and their service provider are the same entity.

The impact and occurrence of discrimination in the housing market against people experiencing mental ill-health, while difficult to prove and prosecute, is consistently raised with us in our capacity as a peak body.

From the Front Line:

"There's still a big stigma around mental illness. That person is not out to harm anyone, they're struggling every day with what's in their head. People hear the words 'mental health' and think the worst. Lots of people are actually managing [medicated or otherwise]."

"People that go in [to real estate agents] without [support] services [have more luck] Real estate agents have seen [a mental health support service] listed on a rental application and tenant has been denied on several occasions. In one example, two months later the house is still being listed as vacant"

Mental Health program Support Worker

Recommendation 7: Integration and collaborative partnerships must be developed, funded and supported.

NT Shelter coordinates the Homelessness Response Group. This is a case coordination group established to encourage collaborative partnerships for homeless clients with complex needs, often including mental health. It is developed in a manner to encourage trust across differing services and differing funding streams. It requires a commitment from member organisations to a set of values and

encourages a client focused “can do” attitude. This has developed better collaboration across multiple NGOs and better pathways for clients. There are many other similar groups across Australia which generally rely on voluntary membership.

People with mental health issues often are in contact with, and require the support of, several government agencies throughout their treatment and recovery journey. An effective, integrated, whole of government response to support clients is needed both across the Commonwealth, State and Territory Governments and between line agencies within governments. This is imperative in order to achieve client goals and maintain stable housing tenancies.

Case Study

A woman living with schizophrenia; residing alone in a three-bedroom house; was experiencing overwhelming depression and isolation. This woman was not feeling well enough to care for herself and was neglecting her appearance and health. She was sleeping on the loungeroom floor as she felt scared and alone in the house. Through the support and advocacy of the HASI program this woman was transferred to a more suitable property that is located next to her sister, who is a good support to her. Since her engagement with HASI she has been presented at the Homeless Response Group for case coordination started participating in programs through St Vincent de Paul; Team Health day to day living and has made progress in paying off debts and beginning to save money. She has saved to buy new furniture for her home. There has been a significant improvement in her confidence and her interest in her self-care, her health and presentation. Additionally, she has gained her learner driver permit.