

Inquiry into the provision and regulation of supported accommodation in Queensland

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Queensland
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Inquiry into the provision and regulation of supported accommodation in Queensland

Introduction

The Queensland Mental Health Commission (the Commission) welcomes the opportunity to make a submission to the *Inquiry into the provision and regulation of supported accommodation in Queensland* (the Inquiry).

The Commission also applauds the Committee for granting a formal role to Queensland Advocacy for Inclusion (QAI) and Queenslanders with Disability Network (QDN) to support residents of supported accommodation to contribute their views on their services and support to the Inquiry.

This submission is based on the Commission's work and is not intended to be a comprehensive response to the Inquiry's terms of reference. In addition, the Commission does not seek to duplicate the work or role of other agencies. The Commission's submission largely focuses on the needs of people experiencing mental ill-health and problematic alcohol and other drugs use in relation to supported accommodation.

Within this submission problematic alcohol and other drugs use refers to when a person is experiencing harm related to their use. Such harms can include social, emotional, physiological, psychological and spiritual, and may or may not be diagnosed.¹

Mental ill-health is used as a broad term that includes experiences of psychological distress, mental health challenges and clinically diagnosable mental illnesses.²

About the Commission

The Commission is an independent statutory agency established under the *Queensland Mental Health Commission Act 2013*, (the Act) to drive ongoing reform towards a more integrated, evidence-based, and recovery-orientated mental health, alcohol and other drugs (AOD) and suicide prevention system in Queensland.

One of the Commission's primary functions is to develop a whole-of-government strategic plan to improve the mental health and wellbeing of Queenslanders, particularly people living with mental illness, problematic AOD use, and those affected by suicide. The current strategic plan is *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023-2028 (Shifting minds)*. *Shifting minds* is complemented by two sub-plans:

- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022-2017 (Achieving balance)*
- *Every life: The Queensland Suicide Prevention Plan 2019-2029 (Every life)*.

In exercising its functions under the Act, the Commission considers the issues affecting people who are vulnerable to, or otherwise at significant risk of, developing mental health issues as well as recognising the importance of custom and culture when providing treatment, care and support to Aboriginal and Torres Strait Islander peoples.

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The Commission promotes policies and practices that are aligned to the vision in *Shifting minds* for a fair and inclusive Queensland, where all people—including people with a mental ill-health and/or problematic alcohol and other drugs issues living in supported accommodation—can achieve positive mental health and wellbeing and live their lives with meaning and purpose.

Shifting minds emphasises the importance of safe, secure and affordable housing and includes a specific action to explore housing with support for people living with mental ill-health and/or problematic alcohol and other drugs use, that incorporates diverse models of integrated housing, support and tenancy sustainment.

The importance of supported accommodation

People with lived experience of mental ill-health and problematic alcohol and other drugs use have greater housing instability, poorer housing quality, variability in housing pathways, less choice of living conditions and neighbourhood amenities, and are highly vulnerable to homelessness. The Australian Government Productivity Commission's 2020 Inquiry into Mental Health reported that approximately 30 per cent of admitted patients in psychiatric wards could be discharged if appropriate housing and community services were available³.

The relationship between housing, homelessness, mental ill-health and problematic alcohol and other drugs use is complex and bi-directional. Safe, secure, affordable housing and connection to community is foundational to good mental health and wellbeing and achieving other life aspirations. It facilitates social inclusion, treatment and recovery, and access to support services—which is key to people remaining well and recovering from mental ill-health and problematic alcohol and other drugs use. Unstable, unsafe, unaffordable housing or homelessness exacerbates these issues and makes it harder to function in other areas of life.

The issues raised in the Public Advocate's report: *Safe, secure and affordable—The need for an inquiry into supported accommodation in Queensland* have numerous points of connection with the strategic reform priorities identified in *Shifting minds*. Specifically, the focus on personalising and integrating care, social inclusion, human rights and improving outcomes for people with mental ill-health, and problematic alcohol or other drugs use.

The provision of safe, affordable housing and appropriate tailored supports is critical for vulnerable Queenslanders, including those experiencing problematic alcohol and/or other drugs use, mental ill-health or suicidal distress.

Key principles

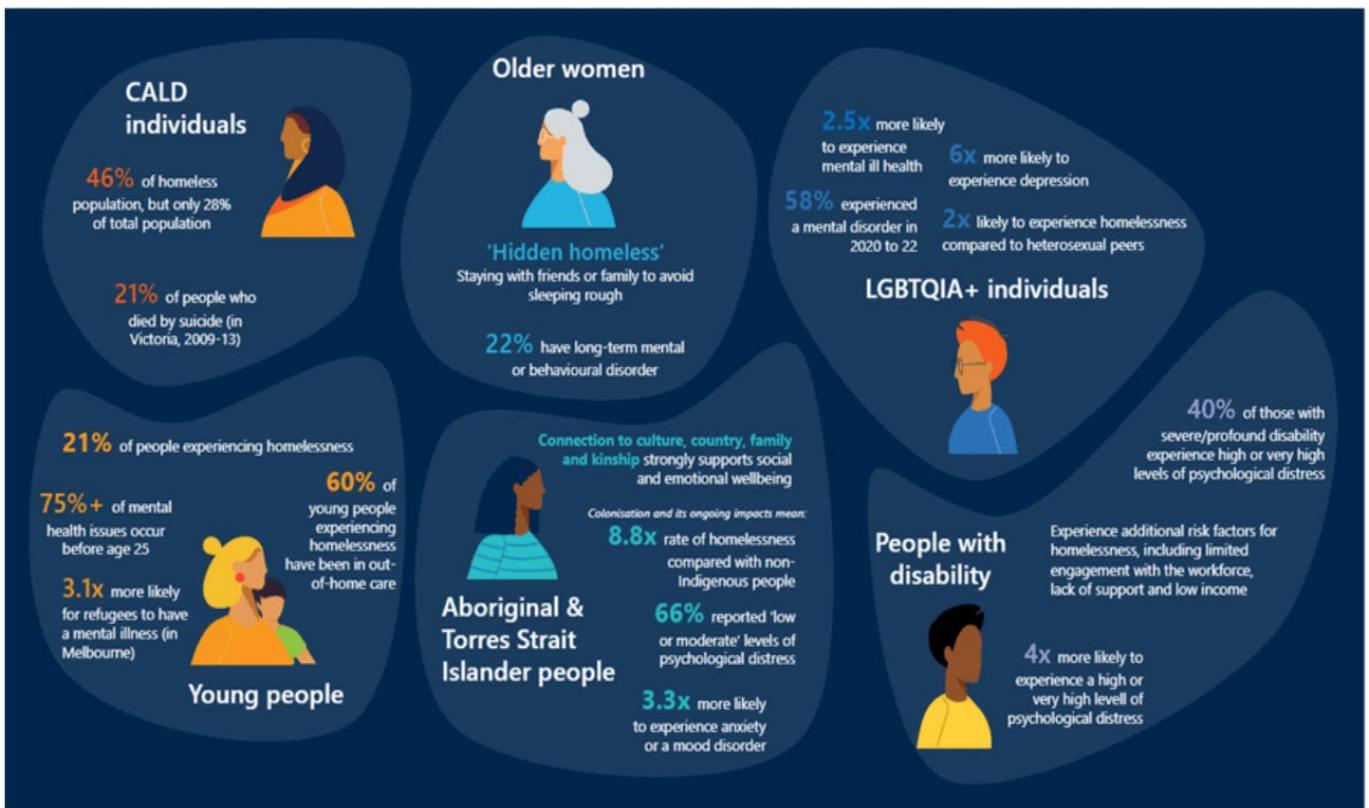
Queenslanders experiencing mental ill-health and problematic alcohol and other drugs use should be able to access safe, affordable and secure housing that suits their needs, with appropriate supports, and in their community of choice. The Commission supports a Housing First approach that prioritises safe and permanent housing with person-led and person-centred supports as needed. The Commission supports:

- a person-centred approach that ensures individual support needs are met based on an individual's wishes as well as an independent need assessment
- a regulatory and oversight framework that is person-centred and focused on adequacy of services rather than facility-based regulation focused on the governance of services
- a government-facilitated audit of current support needs and provision of services to supported accommodation residents with mental ill-health and problematic alcohol and other drugs use
- capacity building of the supported accommodation workforce that is involved in the provision of care and support services in mental ill-health, AOD and trauma informed care
- improved human rights protections for people living in supported accommodation with a focus on the regulation of the use of restrictive practices
- increased government investment in the supported accommodation sector.

At-risk population groups

For some population groups, there is a greater risk of mental ill-health or housing instability, including people from culturally and linguistically diverse (CALD) communities, older women, people with disability, LGBTIQ+ individuals, Aboriginal and Torres Strait Islander peoples, and young people. Figure 1 highlights the increased vulnerability experienced by these population groups in relation to mental ill-health and housing instability.

Figure 1: Population groups at greater risk of housing instability and mental ill-health



Source: Nous Group 2023, *Mental health and homelessness services need to work together better. Here's how*. Accessed 21 December 2023 from <https://nousgroup.com/insights/mental-health-homelessness/?rd=true>

Within Queensland, residential services as defined under the *Residential Services (Accreditation) Act 2002* and other shared living arrangements are regulated under a three-tier framework that covers:

- accommodation (Level 1)
- provision of food services (Level 2)
- provision of personal care services (Level 3).

The Department of Housing, through its registration and accreditation process holds data on Level 1 to 3 residential services. However, data on residents of these services is not collected. In its submission to the Inquiry, the Department of Housing notes that anecdotally residents are more likely to be male, older, facing complex mental and/or physical health issues, in receipt of a Centrelink pension, and may be receiving federally funded National Disability Insurance Scheme (NDIS) supports⁴.

Residential services accommodation standards and their enforcement

Accommodation that is of low quality, unhygienic, unsafe, of poor design, affected by noise and pollution, provides insecure tenure, and affordability pressures can contribute to mental ill-health and inhibit recovery from mental illness.⁵ Suitable housing that is secure, affordable, of reasonable quality and of enduring tenure, is a particularly

important factor in preventing mental ill-health and a first step in promoting long-term recovery for people experiencing mental illness.⁶

All parts of the system caring for people living in supported accommodation (Levels 1–3) have a duty of care to ensure accommodation is safe, appropriate, and to assist residents to live lives with meaning and purpose.

Safeguards to monitor, identify and respond to concerns; and to support a culture of person-centred, strengths-based care and associated training and support for staff requires clear oversight by regulatory bodies, and accountability of supported accommodation providers.

Residential services support standards and their enforcement

The Commission observes that while the standards of accommodation within the *Residential Services (Accreditation) Act 2002*, are clearly outlined and enforced, standards of care provided to residents in Level 3 residential services are not.

Psychosocial supports can be provided by a range of providers, including through the public and private health system and community service providers.

The *Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report* highlighted that the National Disability Insurance Agency (NDIA) and partners in community don't always have a good understanding of the needs of people with psychosocial disability and don't always work in a trauma-informed way. This results in a mismatch between people's needs and the services available. This is further hampered by difficulty in finding workers with the right skills, training and experience for this cohort. Better coordination and integration between the NDIS and person-centred mental health clinical services is needed.⁷

Workforce

Enhancing the capability of the supported accommodation workforce to deliver integrated and personalised care for individuals with mental ill-health, AOD concerns and suicidality is critical to ensure the best outcomes for both residents of supported accommodation, as well as staff. This is particularly important given the often-complex needs of residents in this type of accommodation, where safeguards and incident management are crucial for resident and staff safety and wellbeing.

Provision of appropriate support services

Greater availability of foundational supports designed to meet the needs of people with psychosocial disability who are not eligible for the NDIS is needed. Foundational supports should include information and capacity-building programs, peer support, and recovery colleges. This should also include non-clinical services to help with relationships, daily living skills, housing and education.

Separation of accommodation providers and support services

In line with the NDIS report, that identifies Specialist Disability Accommodation and living supports should be from separate providers. The Commission supports further consideration of accommodation providers having a dual role as support providers. Support providers such as landlords can negatively impact upon the choice and control of residents and potentially lead to a clear conflict of interest. It can also potentially lead to social isolation, and quasi-institutionalisation of residents. Price settings for residents in supportive housing should also be independent, transparent and reflect realistic costs.⁸

Supporting Housing First principles

Housing First models and approaches were specifically developed to support better responses for people experiencing co-occurring alcohol and other drugs and mental health issues.⁹

In 2020, Homelessness Australia published *Housing First Principles for Australia*, which included the principle of a harm reduction approach, that includes:

- Safety – Support uses a wide range of proactive strategies to assist people to reduce the negative impact of substance use, gambling, self-harm and potentially high-risk behaviours.
- Education – Factual information is provided in a non-judgmental style to enable people to make informed choices about their health, tenancy and relationships with others.
- Change – Support is guided by individual choice and for those who choose it, connections are made to specialist services that are accessible and culturally appropriate. Support is also mindful that recovery is not a linear journey and does not necessarily require abstinence.
- Inclusion – Housing and/or support are not withdrawn from people who choose to continue to drink, use, self-harm, gamble or participate in high-risk activities.¹⁰

Given the strong overlap between experiencing problematic alcohol and other drugs use and homelessness, harm reduction approaches in relation to alcohol and other drugs in housing and homelessness settings are crucial and can lead to better housing stability. However, there continues to be inconsistencies in the way people who use alcohol and other drugs are managed in these settings due to a range of issues such as workforce knowledge and confidence, organisational capacity and policies, and system demand and funding.

The Commission believes that action is needed to ensure that both current and future planned housing and homelessness services are supported to deliver models of care that are consistent with Housing First principles and in particular the principle of a Harm Reduction Approach.

We strongly emphasise the importance of housing not being withdrawn from people who choose to continue to use alcohol and other drugs and instead appropriate supports being provided in the context of a person's accommodation setting.

Pathways out of supported accommodation

The NDIS review highlighted that housing and living supports should strengthen connections to family, friends and community and encourage independence, and enable people to have more flexible budgets and support to find and try options that will work well for them.¹¹ Supporting residents to develop skills to enable them to move into other accommodation settings supports self-agency.

Given the current housing shortage, the Commission would also encourage consideration of how residents could be supported to find suitable permanent housing. Additionally, further consideration could be given to strengthening ways for supported accommodation providers to work with step-up, step-down services to enable pathways for residents to receive more (or less) intensive care when required.

Human rights

Respecting human rights is fundamental when providing residential services accommodation and supports. People accessing these services seek—and deserve—lives with meaning and purpose, connection with family and community, and freedom from disadvantage, social exclusion and discrimination. Effective oversight and legislative mechanisms are required to support the human rights of residents, including the use of least restrictive practices.

The human rights of residents with disabilities are protected by the rights articulated in the *United Nations Convention on the Rights of Persons with Disabilities* (CRPD), which Australia ratified in 2008. Relevant rights here, among others, are the rights of people with disability:

- to receive 'an adequate standard of living' which includes 'adequate food and housing' (Article 28);
- to be centrally involved in decisions that affect them (Article 12);
- to be free from 'exploitation, violence and abuse' (Article 16); and
- to choose their place of residence and where and with whom they live (Article 19).

These rights need to be front and centre in the review of the regulatory and oversight framework, and the development of new person-centred models of supported accommodation.

Increased government investment

Finally, the Commission supports greater investment in the supportive housing sector to ensure shortcomings identified in this Inquiry can be addressed to ensure a safe, secure and affordable home that meets the needs of residents, especially those with a mental illness and or alcohol or drug challenges.

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¹ Queensland Alcohol and Other Drugs Sector Network 2022, Queensland Alcohol and Other Drug Treatment Service Delivery Framework, Brisbane. Available online at <https://qnada.org.au/queensland-alcohol-and-other-drug-treatment-service-delivery-framework/>

² Everymind 2022, *National Communications Charter: A unified approach to mental health and suicide prevention*, Everymind, Newcastle. Available online at <https://lifeinmind.org.au/the-charter>.

³ Productivity Commission 2020, Mental Health, Report no. 95, Volume 3, (p 971) Canberra. Accessed 20 December 2023 from <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>

⁴ Department of Housing 2023, Written briefing requested by the Community Support and Services Committee in relation to the Inquiry into the provision and regulation of supported accommodation in Queensland. Accessed 3 January 2024 from <https://documents.parliament.qld.gov.au/com/CSSC-0A12/IPRSAQ-00AB/Department%20of%20Housing%20.pdf>

⁵ Productivity Commission 2020, Mental Health, Report no. 95, Volume 3, (p 970) Canberra. Accessed 20 December 2023 from <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>

⁶ Productivity Commission 2020, Mental Health, Report no. 95, Volume 1, (p 43) Canberra. Accessed 20 December 2023 from <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf>

⁷ Commonwealth of Australia, Department of Prime Minister and Cabinet 2023, *Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report*. Accessed 3 January 2024 from <https://www.ndisreview.gov.au/resources/fact-sheet/psychosocial-supports>

⁸ <https://www.ndisreview.gov.au/resources/fact-sheet/disability-service-providers>

⁹ Watson, D. et al., 2017, Housing First and harm reduction: a rapid review and document analysis of the US and Canadian open-access literature (<https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0158-x>)

¹⁰ <https://homelessnessaustralia.org.au/wp-content/uploads/2022/07/Housing-First-Principles.pdf>

¹¹ <https://www.ndisreview.gov.au/resources/fact-sheet/housing-and-living-supports>