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BHC Submission

Parliamentary Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders

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Endorsement: *This submission is made on behalf of Brisbane Housing Company, with endorsement from CEO Rebecca Oelkers*

To the Mental Health Select Committee,

Working in the community housing sector, BHC has often witnessed firsthand the significant impact that poor mental health outcomes can have on an individual's wellbeing and overall life outcomes, including their ability to sustain housing. Further to what staff have seen themselves, BHC has witnessed countless resident stories, one of which is shared below, which highlight how poor mental health outcomes have led to significant disadvantage. Whilst this submission may not present the answer to what can be done, we hope that we can highlight areas which, in our experience, significantly need addressing, and potential ways forward from here.

BHC's Experience

As BHC's primary focus is housing, it is unsurprising that one of the most significant impacts we see from poor mental health outcomes is a cycle of homelessness. BHC chiefly provides housing to people with low incomes who are on the housing register. In our experience, our social housing residents are often some of the most vulnerable in our community and have faced significant disadvantage throughout their lives, including economic disadvantage, physical and mental health concerns, limited education and significant trauma. All of these factors can make it challenging for a person to sustain their tenancy, and without adequate support, it is not uncommon to see residents fall back into homelessness due to escalating mental health issues which negatively impact various areas of their lives.

In BHC's 2020 Tenant Satisfaction Survey¹, 73% of residents self-identified as having a disability. 51% of those residents self-identified as having either a non-physical disability or both a physical and non-physical disability. The 2020 Australian Government's Australian Institute of Health and Welfare snapshot release: *'Health of people With Disability'* compliments this organisational data; highlighting that those experiencing psychological distress or physical disability indicate poorly for overall mental health². Our BHC residents' vulnerability to trauma and physical disability unequivocally results in

¹ Half of BHC's affordable housing portfolio surveyed each year with an 80% return rate achieved

² Australian Bureau of Statistics, 2019. Retrieved from: <https://www.aihw.gov.au/reports/australias-health/health-of-people-with-disability>



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exacerbated mental health for many of them. As a result, many residents of social and community housing require additional and enhanced support mechanisms that focus on mental health prevention, early intervention, acute and crisis care, and ongoing holistic and community care³.

With this in mind, BHC can infer that there is a high level of people living with and impacted by mental health concerns in the BHC portfolio. Despite these predicted high levels of people impacted by mental health, the BHC 2020 Tenant Satisfaction Survey indicates only 43% of residents accessed community support in the last 12 months. Of those, only 21% of people were accessing mental health support. Whilst this is an increase from previous years, we note that this is still a very small percentage of our overall portfolio. In our experience, there is a much higher percentage of residents living with significant mental health and we are not seeing an adequate level of support available to those who need it.

Residents suffering significant mental health may struggle with everyday tasks and skills which can put their tenancy at risk, including but not limited to; general life skills (household cleaning, engagement in community, personal hygiene, hoarding and squalor), employment and management of finances, management of health concerns, and effective communication. Where possible, BHC strives to link residents with appropriate support services in the community when we become aware of concerns, including those impacted by mental health. For residents who are unable or unwilling to engage with support, we see an increased risk to their tenancy sustainment.

In our experience, positive mental health outcomes are often restricted by lack of prevention, early intervention, inequitable access to key mental health support and care, and lack of continuity of service provision across different sectors (e.g., differing support programs across health catchments such as Metro North and Metro South). Through this inquiry, there is an opportunity to address some of these areas of concern, thus creating greater opportunity to improve mental health outcomes for Queenslanders.

Early Intervention

It has been our experience that there is a lack of suitable prevention and early intervention supports available to people experiencing mental health concerns. There are limited avenues for people experiencing heightened mental health to receive support before their condition deteriorates and begins to impact other aspects of their lives, including their housing. When identifying residents with deteriorating mental health the options for support are limited, with hospital admission and care from a mental health unit being the primary option in most cases. Engagement from the mental health unit is not available however until someone's mental health condition is critical. At this point a person may have; ceased rent payments (creating a large amount of debt they will have to pay off, putting them in financial distress), they may be engaging in dangerous behaviours including drugs and alcohol, or anti-social behaviour. All of which puts their tenancy at risk and may result in termination of their

³ Brackertz, N., Wilkinson, A., & Davison, J. (2018). Housing, homelessness and mental health: towards systems change.

tenancy if not addressed. This is in addition to any physical, economic and social impacts such as isolation, disengagement from work, and deteriorating health due to lack of self-care.

At times individuals may be admitted to a hospital for mental health treatment but often are released before the individual is ready and without adequate support in place to ensure their ongoing wellbeing and recovery. This frequently results in further escalation and readmission for acute mental health. One such case was experienced recently and illustrates the struggle to access appropriate support for someone experiencing significant mental health, as well as the lack of support put in place for that person to successfully return home.

BHC Case Study | Mental Health and Community Housing

BHC resident was experiencing significant arrears. BHC housing manager discussed arrears with resident. In response, the resident displayed a lack of understanding of their financial and reporting requirements. After BHC explored rent break-down with Services Australia it was discovered a recent Job Capacity Assessment (JCA) was completed and the resident was restreamed by Centrelink, in-turn increasing reporting requirements and the cancellation of Centrepay (rent payments). Compounding this, the JCA did not address the resident was diagnosed with paranoid schizophrenia by Qld Health in 2017 nor did Centrelink have any previous record of this diagnosis.

Due to the resident's paranoia, they did not want to leave their premises or engage any government services. BHC attempted to connect the resident to onsite and place-based support. Among the steps taken was engaging the resident's treating psychiatrist, contacting Metro South Mental Health Call, attempting to identify community and family links, and referring-out to local non-profits. Nil stakeholders were able to promptly provide outreach mental health support and the resident's wellbeing declined. BHC completed an Examination Authority (EA), and the resident was removed from the premises. In the weeks following resident discharge, little information was provided to BHC or support services, and there was a noticeable lack of communication from the acute admission treating team. As a result of exhaustive investigation, BHC identified and advocated for immediate mental health outreach support, services were connected, and a payment plan for arrears was initiated; thereby decreasing the risk of resident homelessness.

The above resident experience occurred over a period of weeks. This resident would have faced homelessness if BHC had not supported them on compassionate grounds. This case study demonstrates the significant gap in rapid-response and early intervention services, as demonstrated above. If expert outreach and place-based supports had been able to engage the resident more effectively, an EA might not have been necessary. Due to a lack of communication during admission and after discharge, the resident's tenancy was also at risk. In the absence of outreach supports and mental health plans in place post-discharge, the BHC resident faced a higher level of tenancy risk and homelessness.

Further to this, BHC is acutely aware that when a person's mental health deteriorates and becomes critical it can be a challenge to get consent to care. In our experience, people can become very unwell,

but won't consent to refer to support. They can often lose their homes as a result. In some instances, such as the case detailed above, we have been able to work with the individual to get a mental health assessment through an EA, but this is not always the case. Navigating the EA process can also be extremely challenging. When someone isn't linked in with mental health supports, and is refusing to engage with mental health supports, it is very difficult to identify which mental health service will approve for the EA request to be submitted to the Mental Health Review Tribunal. We identify this as a process issue whereby the system, whilst trying to protect against non-justified or malicious EA requests, in turn delays or even prevents legitimate requests for support being submitted. These incidents further emphasise the need for early intervention and engagement with people to ensure support is available and accessible before the situation becomes critical.

Using the BHC quantitative mental health data, national community housing and health data, as well as the BHC qualitative case study, BHC calls for state and federal health systems to consider more accessible early intervention supports, including pathways for preventative mental health care, in addition to connection to effective and available support networks upon discharge, could result in better mental health outcomes. This would further contribute to improved social, economic and personal wellbeing outcomes, including tenancy sustainment. Additionally, it is our belief that this model of early intervention and supported return to community would also reduce the number of acute mental health admissions and crisis response required.

Care Continuum

Another challenge which has been identified in our community is the lack of continuity in terms of mental health care, services and communication across the different operational areas; e.g. Metro North and Metro South Health and Hospital Services. Due to this disjointed service provision, the same access to support is not always seen, and communication between the different service areas does not provide a person-centred continuum of care. People should not be disadvantaged in their access to services and recovery based on location or service provider. However, we see time and again services refusing to engage due to catchment areas and a lack of suitable alternate options. We acknowledge that staff working in mental health are committed, but we also recognise that they are working in a demanding sector where they are likely under-resourced and feeling the impact of burn out and fatigue, particularly during the Covid-19 pandemic.

Particularly regarding mental health, a cohesive service provision which communicates effectively regarding a person's current condition, emerging concerns, recovery, and wellbeing would further allow for early intervention and prevention. Additionally, continuity of care and services would provide reassurance and equal access to all in the community.

Despite its prevalence in our community, mental health still often goes unaddressed. Unequal mental health care and lack of information regarding care pathways further isolates those suffering with mental health and keeps them disconnected and unaware of the how to improve their mental health outcomes.

Even as a community housing provider with strong links to the local support services and health care networks, it can still be a struggle for staff to engage mental health services to support residents in

need. Despite being professionals familiar with the sector, with contacts to assist in navigating the system, it is a regular a challenge for residents and housing managers to access support. With this knowledge, we cannot emphasise enough how overwhelming this task must feel to disadvantaged members of our community who are in the midst of deteriorating mental health and potentially face additional barriers such as systemic disadvantage, literacy issues, disability and lack of support.

Education and Community Outreach

As mentioned previously, there is still much stigma regarding mental health in the community. This stigma can often present an additional hurdle for people seeking support, with many unsure of where to look. As a community there is still a lot of work to be done to make mental health support accessible and visible to all. One project which seems to attempt to bridge this gap is the Assisting Communities through Direct Connection (ACDC) Project, established by the Queensland Alliance for Mental Health (QAMH). This project is funded by the Australian Government Department of Social Services. Whilst BHC has not been able to be directly involved with this project, we whole heartedly recognise the value and local approach to connecting community with mental health resources. We would welcome a program like this in our community.

“The Assisting Communities through Direct Connection (ACDC) project is a new initiative to connect people with the social and emotional wellbeing support services in their communities.

This is an evidence-based initiative and co-designed with people who have a lived experience of social or emotional distress, carers, local community members, local services and state and territory peak organisations. The project uses a combination of best practice approaches including responsible door-to-door outreach and informed, community sensitive engagement. The outreach is undertaken by ‘People Connectors’ engaged by Community Managed Organisations (CMOs) contracted by Community Mental Health Australia (CMHA). The People Connectors complete a co-designed training program developed by the ACDC project team. This is a free service and is a way to provide information to people who may not know about what supports they can access.” (QAMH, 2022)

Like QAMH, we recognise that current mental health systems wait until a person is in crisis before they are able to access support, and early intervention could make a profound impact on improving mental health outcomes and overall impact on the individual, community and health care system. A person-centred approach on a local level to build connection and trust within the community, whilst also sharing information about available mental health / social services, would help to reduce stigma and start the conversation. This type of community engagement could assist in reassuring people it is ok to seek support and providing them with the information and resources they need to know where to look.

Summary

Ultimately, we believe that more can and should be done to improve the mental health outcomes for Queenslanders, which in turn will support more people to access and sustain stable housing. We believe that mental health outcomes can be improved with equal and early access to suitable mental



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health services, greater community outreach and ultimately increased capacity in our mental health sector. Our recommendations to the Inquiry include;

- Increased prevention and early intervention services
- A consistent and equitable continuum of care across all sectors and catchments
- Improved communication across services providers, sectors and catchments to better support recovery and early intervention
- Increased community outreach and early intervention
- Delivery of education, information and capacity building projects to community which enhance understanding of mental health services and how access to care (e.g. the ACDC project)

By ensuring adequate support and care for the most vulnerable in our communities, we can minimise the number of acute mental health admissions and help to end the cycle of homelessness for thousands across our state.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Kaitlyn Russell', is written over a light blue horizontal line.

Kaitlyn Russell

**Community Development Manager
BHC**