

4 February 2022

Committee Secretary
Mental Health Select Committee
Parliament House
George Street
Brisbane Queensland 4000

e: mhsc@parliament.qld.gov.au

Dear Committee Secretary,

**QUEENSLAND PARLIAMENT
MENTAL HEALTH SELECT COMMITTEE**

**INQUIRY INTO THE OPPORTUNITIES TO IMPROVE MENTAL
HEALTH OUTCOMES FOR QUEENSLANDERS**

Accommodation and mental health

The provision of safe and stable accommodation is an important need for persons with serious and persistent mental illness.

This need is particularly important for:

- Persons in hospital who could leave hospital if there was suitable accommodation (sometimes called 'bed blockers')
- Homeless persons with mental illness
- The many mentally ill persons who live in substandard accommodation such as rooming houses
- Persons with severe mental illness leaving at home whose ageing parents cannot indefinitely support them

Research conducted by Mind Australia, the Victorian Royal Commission into Mental Health and by the Australian Housing and Urban and Research Institute (AHURI) indicate that in every State of Australia there are many thousands of persons with such needs. For Australia an approximation would be 100,000 persons and I believe that Queensland would have a proportionate need.

Social Housing Policy

I believe that as part of social housing policy every State should include persons with severe mental illness as one of the top priorities for the provision of social housing whether in the form of public housing or community housing or the like.

I also believe that where governments fund and/or provide social housing there should be a quota provision that twenty percent of such housing should be allocated to persons with severe and persistent mental illness.

The actual housing needs and preferences of persons with severe and persistent mental illness vary. Many want and need accommodation involving cluster living arrangements.

Haven Foundation Model

The Haven Foundation provides accommodation, care, and support for persons with severe long-term mental illness. Four Havens operate in Victoria. There will be eleven by end of 2023 and probably more after that. Other States are interested.

Typically, there are around sixteen residents in any one Haven.

Each resident has a self-contained apartment with cooking, cleaning, bathroom facilities etc. Accordingly, they do their own cooking, cleaning etc. although often needing a significant degree of encouragement, support, coaching, mentoring from onsite staff or NDIS helpers. Essentially each resident lives independently. It is a so-called 'cluster housing' model. It is not a building with shared cooking, laundry, or bathroom facilities (congregate living).

This is just as might occur in a condominium where residents have their own apartment but have some communal facilities such as a communal meeting place or the like. There is always a courtyard and/or common rooms, a garden, or gardens etc. In other words, although they live independently with their rights governed by the Residential Tenancies Law there is a surrounding community in which they can participate - most of them do and quite strong friendships and feelings of community have grown up at the Havens. It is not an 'asylum' because residents are independent and in no way bound to be involved with the staff or the community.

There are two staff in full time attendance at any time, together with one person who is on-site overnight so that there is 24/7 staff attendance. This is essential.

Families and residents themselves play a very significant role in the governance and even day-to-day operations of the site. This is a unique feature of the system.

There is very strong demand wherever Havens goes.

The Premier of Victoria, Daniel Andrews, recently opened the Geelong facility accompanied by the Housing Minister Richard Wynne. Treasurer Pallas opened the Frankston facility. Coalition Mental Health Minister Mary Wooldridge opened the first facility in 2011.

Havens operate very successfully in terms of improving the life and recovery of persons with a severe and persistent mental illness. This conclusion is supported by an independent evaluation by Monash University.

The model is singled out on special case studies and favourably referred to in both the recent Productivity Commission Inquiry into Mental Health and in the Victorian Royal Commission into Mental Health. It's also been covered on the 7.30 Report, the Project, and other programs.

Funding

The main costs are:

- a) Land which needs to be located near shopping centres and mental health services - roughly being about two suburban blocks. This needs State government funding.
- b) A new building costs about \$5M. This needs State government funding.
- c) Onsite staff 24/7 paid by NDIS.
- d) All residents are on Disability Support Pension (DSP). Living costs of residents such as food and clothing come from this.
- e) Rental contribution by residents is about 25 percent of their DSP plus Commonwealth Rental Assistance.

The Haven model is unique, or close to it. Nearly all housing providers do not specialise in mental health service provision. None or very few provide housing for persons with mental illness.

The model is ready to go. Building design, staffing arrangements are set to go once there is State funding.

Attached are the two case studies referred to:

- Productivity Commission Report: The Haven model of long-term supported accommodation
- Royal Commission into Victoria's Mental Health System: The Haven Foundation

This is a personal submission and I have not had time to clear with organisations I am associated with.

Yours sincerely

A handwritten signature in blue ink that reads "Allan Fels".

Allan Fels
Former Chair, National Mental Health Commission
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e: [REDACTED]

Box 20.5 The Haven model of long-term supported accommodation

The Haven provides long-term supported accommodation to people with severe mental illness (Mind Australia Limited, sub. 380, p. 32). Residents live in their own self-contained apartment, with independent kitchen and bathroom facilities, within a block of units that also has some shared communal areas to encourage social interaction. The program provides 24/7 on-site psychosocial support staff to help residents to live successfully in the community.

Residents must meet strict eligibility criteria to live in the Haven. They must be diagnosed with a severe and persistent mental illness, receive a Disability Support Pension and be eligible for the National Disability Insurance Scheme (The Haven Foundation, pers. comm., 13 February 2019).

Residents enter into an open-ended lease with The Haven Foundation. They pay 25% of the Disability Support Pension and 100% of rental assistance to cover the cost of maintenance and repairs. Residents are responsible for paying their own utilities, such as electricity and water. Funding received under the National Disability Insurance Scheme covers the cost of on-site psychosocial and tenancy support (The Haven Foundation, pers. comm., 13 February 2019).

An evaluation of the pilot Haven model in South Yarra found that tenants have experienced:

... the reduced need for acute psychiatry or residential rehabilitation service care, has enhanced participation in vocational or educational opportunities, has strengthened the link with carers and family members, and has assisted in establishing new connections with members of the broader community. (Lee et al. 2013, p. 15)

The Haven is estimated to cost about \$100 000 per person each year (Mind Australia Limited, sub. 380, p. 40). This does not include an annualised cost of capital to fund the development of these units.

The first Haven site in South Yarra, Melbourne has 14 units. The model has subsequently been established in Frankston (18 units), with more sites in Geelong (16 units) and Laverton (16 units) and Whittlesea in the pipeline (Mind Australia, sub. 380, p. 40).

The NDIA should amend its SDA strategy and policies so that they encourage the use of SDA funding to develop long-term supported accommodation for people with severe and persistent mental illness (action 20.3). As part of this, the NDIA should:

- lift restrictions on the number of people who can reside in newly developed SDA
- develop and report estimates of the number of people with psychosocial disability who are expected to be eligible to receive SDA funding, and where they live
- provide clarity about how the NDIA will deal with problems of liability concerning property damage for this cohort.

Case study:

The Haven Foundation

The Haven Foundation is a Victorian Community Housing Provider that, in partnership with Mind Australia, provides long-term housing, care and support for people living with severe and enduring mental illness. The program recognises that secure, affordable housing offering on-site care and support along with family and carer involvement is a critical aspect of recovery for many people.

The program was established by the Haven Foundation (now part of Mind Australia) and has two sites, in South Yarra and Frankston. Five new sites—in Geelong, Laverton, Epping, Pakenham and Mooroopna—are expected to be completed in 2021.

The South Yarra site has space for 14 people and the Frankston site has space for 18 people. Each resident lives independently in their own apartment with kitchen, laundry and bathroom facilities and an outdoor area.

To join the program, a person must be eligible for social housing, be a National Disability Insurance Scheme participant, be aged over 18 years and have no dependents. They must have severe mental illness and an associated level of disability that cannot be met by alternative housing and support options.

Residents receive 24/7 on-site support from qualified and experienced community mental health practitioners, including peer workers. Mind's My Better Life Plan also supports residents to identify and achieve their goals of recovery. These services are funded by the National Disability Insurance Scheme as Supported Independent Living. The Haven Foundation provides property management services, but rent is managed and collected via Housing Choices Australia.

Ms Elizabeth Byrne is a founding member of Haven. In 2005 she came together with other parents in a shared commitment to address the need for long-term housing for people with enduring mental health conditions.

Our unique model of care incorporates the participation of residents, family/ carers, support staff and volunteers as key partners in service planning, delivery, monitoring and evaluation.

In late 2016, the Haven Foundation recognised the need for all families to be involved in the on-site activities and decision making of Haven South Yarra, and merged their managing committee with the local family group to become the Haven South Yarra Family Hub. Ms Byrne said there will be a Family Hub at each Haven Foundation site to help promote a safe place for families, carers and supporters to support each other with their shared challenges.



Photo credit: The Haven Foundation

There will be a wealth of experience and skills brought to the Haven from the support staff, residents, family/carers and volunteers.

Ms Byrne said this mutual support helps to create a home and a community for residents, as well as hope, health and happiness.

An independent evaluation by Monash University in 2013 noted that the Haven South Yarra is a unique model offering certainty and stability of housing to people with severe mental illness. It concluded that tenants experienced a reduced need for acute psychiatric or residential rehabilitation care, greater participation in vocational or educational opportunities and improved their connections with carers and family members as well as members of the broader community.

Residents also said they valued the stability of their tenancy and the ability to personalise their space and use it as a base to enjoy community activities. These activities include tennis, a community garden and a coffee club. Residents said that they look forward to these regular social activities.

One resident of the Haven Frankston said being able to live independently but with support available when they needed it assisted them in their recovery.

There are group activities to participate in here at Haven, but the wonderful thing is that all the residents have their own space and choose what they want to take part in or what support they need—we all have the chance to actively work on our recovery alongside one another and Mind staff, which I'm finding so very helpful. I had never heard of supported independent living before, but I feel so fortunate to have been offered a place here.

Source: RCMHS, *Interview with Elizabeth Byrne*, November 2020; The Haven Foundation, *Our History*, <havenfoundation.org.au/our-history>, [accessed 22 October 2020]; Stuart Lee and others, *Exploring the impact of housing security on recovery in people with severe mental illness Summary Report*, 2013 <www.mindaustralia.org.au/sites/default/files/Exploring_the_impact_summary_report.pdf>; The Haven Foundation, *A Haven for Heather*, <www.havenfoundation.org.au/a-haven-for-heather>, [accessed 22 October 2020].